



In the Kitchens

Cooking Workshop Registration

Organization's Name _____

Address: _____ City _____ State _____

Phone Number: _____ Email: _____

Contact Name _____

Event Date _____ Location _____ Time _____

Workshop Options: *(circle one)*

Skillet Chicken Turkey Meatloaf Chicken and Dumplings Soup and Breadsticks Breakfast Panini

Number of people _____ (\$40/adult) *6 adult minimum*

If you choose breakfast, write preferences (pancakes, waffles, or eggs) below.

Special requests: _____

Cancellation Policy:

When you reserve In the Kitchens for an event we require a 50% deposit. Should you need to reschedule your event after booking, you may do so up to 14 days prior to your event and your deposit will be transferred. Cancellation with less than 14 days notice will result in forfeiture of the deposit. If In the Kitchens needs to cancel your event due to unforeseen circumstances we will reschedule your event or refund your deposit.

Contact Signature: _____ Date _____

In the Kitchens LLC
inthekitchensus@gmail.com
702-250-1179 or 702-292-0615

Office Use Only

Deposit Received *Date* _____ *Amount* _____

