

Food Handlers

Registration Form

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| Course Information |  |
| COUNTY |  |
| CLASS DATE |  |
| INSTRUCTOR |  |
| COST | $20.00 |

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| Participant Information (Please Print Clearly) - $5 WILL BE CHARGED FOR A NEW CORRECTED CARD TO BE SENT TO YOU. CARDS RETURNED TO US WILL NOT BE RE-MAILED, UNLESS WE ARE CONTACTED. THANK YOU. |
| NAME: |
| MAILING ADDRESS: |
| CITY, STATE, ZIP |
| PHONE #: |
| EMAIL: |
| ESTABLISHMENT: |
| RECEIPT #: Circle One - CASH or CHECK |

**Please make check or money order payable to:**

**FPM Account # 230202**