



**SCHOOL OF GOOD TASTE**  
**Summer Cooking Camp 2012 - Student Registration**

Class Title (Circle one) :

**Beginner** (Age 8 – 10): June 4 - 8 OR June 11-15

**Advanced Beginners** (Age 11 – 14 & never attended camp): June 18 – 22 OR June 25 – 29

**Intermediate** (Finished one year of camp): July 9 – 13 OR July 16 – 20

**Advanced** (Finished 2 years of camp): July 23 – July 27

**Advanced Plus** (Finished 3 years of camp): July 30 – August 3

Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ M F

Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ School \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Mother's Phone #/ Cell # \_\_\_\_\_

Father's Phone #/ Cell # \_\_\_\_\_

Responsible Party for Pick up Cell # \_\_\_\_\_

Email Address\* **(REQUIRED)** \_\_\_\_\_



**Allergies or Medical Conditions**

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Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

Previous Cooking Experience (Please list past experience)

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Ever attended Cooking Camp before? \_\_\_\_\_

If so, how many years? \_\_\_\_\_ What year(s)? \_\_\_\_\_

T-Shirt Size (indicate if child or adult size) \_\_\_\_\_

**(REQUIRED)**

Bring or mail applications to VeryVera  
3113 Washington Road, Augusta, GA 30907, 860-3492