

Please complete the application before attending class – and bring to class or e-mail application to janette@bwwla.com.

**Class location:
Garr's Catering Kitchen
5017 S Western Ave Los Angeles**

Parking available in the lot - enter through glass doors

Registration Form

Name:

Address:

City: California Zip Code:

Phone: Fax: E-Mail:

Are you a vegetarian? No ____ Yes ____
If Yes, what type of vegetarian?

Do you have any allergies to any food? No _____ Yes ____
If yes, please share with us those allergies

What are your learning goals and expectations with participating in Kitchen Divas classes?

How did you hear about Kitchen Divas?

Please provide us with the following emergency contact information.

Name of the contact _____

Relationship to you _____

Phone number: Work: _____
Cell: _____
Home: _____

Which of the following do you have in your kitchen?	No	Yes	How often do you use them?		
			Not at all	Often	All the time
15. Gas stovetop	0	1	0	1	2
16. Electric stovetop	0	1	0	1	2
17. Microwave oven	0	1	0	1	2
18. Toaster oven	0	1	0	1	2
19. Conventional oven	0	1	0	1	2
20. Blender	0	1	0	1	2
21. Food processor	0	1	0	1	2
22. Pressure cooker	0	1	0	1	2
23. Rice cooker	0	1	0	1	2
24. Crock-pot	0	1	0	1	2
25. Steam cooker	0	1	0	1	2
26. Wok	0	1	0	1	2
27. Cast Iron Skillet	0	1	0	1	2

How often do you cook?

How many people do you cook for?

Please share these vital details with us:

Weight (in pounds) _____

Height (in inches) _____

Measurements:

Waist size

Hips

Arms

Thigh

Bust

Do you consider yourself a cook? YES NO

A 'good' cook? YES NO

Please give us details?