



Private Cooking Class/Chef's Demonstration Request Form

→ Please Complete Form with All Requested Information and return to Open Kitchen via

E-mail: Email completed registration form to hcl@openkitchen-dcmetro.com

Fax: Fax completed registration form to 888-433-0819

Name:		Today's Date:	
E-mail:		Food Allergies:	
Home Phone:	Cell Phone:	Per Person Class Fee \$	
Request Class or Demo Date:	Title:	Total Guests X (provide names below) _____	
Request Time:	() Cooking Class () Chef's Demo	TOTAL \$	
<p>Liability Waiver For Adult Classes: I have read the terms and conditions as outlined in Open Kitchen's Classes and Events Policy found online at http://openkitchen-dcmetro.com/wp-content/uploads/2015/01/Culinary-Class-Event-Policies-012015.pdf and acknowledge that I agree to them.</p>			
Signature _____		Date _____	

Please list all guests participating (including yourself). Identify any participating children (under 18 years of age)

NOTE: Minimum 6 participants; Maximum 12 participants.

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Comments: *Is there anything you wish for us to know about this request?*

IMPORTANT: Submitting this request form does NOT confirm your event. An Open Kitchen associate will contact you to discuss relevant details and confirm event date and time with full payment.

Please return this form via email to hcl@openkitchen-dcmetro.com or fax to 888-433-0819

FOR MORE INFORMATION, PLEASE CALL 202-285-9840