

**SWEET EXPECTATIONS COOKERY AND BAKING CLASSES FOR
CHILDREN AND TEENAGERS**

APPLICATION FORM

Christian Name	Surname	Age	Parents Name
1 _____	_____	_____	_____

2 _____	_____	_____	_____
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3 _____	_____	_____	_____
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Reference for: Morning
 Afternoon

Landline Number _____ Mobile Number _____

Email Address _____

Home Address _____

Please indicate if there is any medical condition, allergies or special needs we should be aware of

Signature of Parent or Guardian _____

Date _____

Address: "Nyali", Coolamber Court Road, Cobh, Co. Cork

Email: info@cobhsweetexpectations.com

Mobile no: 086 1925084