

Kids Cooking Academy Birthday Party Booking Form



CHILD'S DETAILS

Surname: _____ First names: _____
D.O.B: _____ Male / Female (Please circle)
Age (Turn to be) _____

PARENT/GUARDIAN DETAILS

Surname: _____ First names: _____
Address: _____
Mobile no: _____
Email address: _____

BOOKING DETAILS

Date: _____ Time: _____
Guest No: _____
Dish: _____

Does your child and your guests have any food allergies? Yes / No (please circle)

If Yes, Please list and indicate type of reaction.

**KCA may take photographs or video recordings of any class
for promotional or commercial use.**

I have read and agree to the Kids Cooking Academy Terms and Conditions

Signature: _____ Date: _____