



Registration for Cooking Experience Program

Name: _____ Phone number: _____

Address: _____

Registration Information Needed. Our recipes can be adapted to meet the needs of the person.

1. List all Allergies or other Food Restrictions. (Some examples are strawberry allergy, gluten free, Halal, vegetarian, Diabetic.)

2. Please check all that apply to you. What cooking equipment do you have access to?

- Stove (burners and oven)
- Hot Plate (1 or 2 burners)
- Microwave
- Kettle

3. Please check all that apply to you. What type of storage do you have access to?

- Full size fridge with freezer.
- Stand alone freezer.
- Mini Fridge (no freezer).
- Mini Fridge with tiny freezer.

4. Number of people in your household.

- Adults _____
- Children _____

*Call CHEP at 306-655-4575 Ext. 102 or email
janet@chep.org to register.*