



# Young Chefs Academy Special Event Registration

Today's Date: \_\_\_\_\_  
\_\_\_\_\_

## SECTION I

Students Name:	<b>HAS YOUR CHILD ATTENDED PREVIOUS YCA EVENTS?</b>
Age:	Date of Birth:
Parent's Name:	
Street Address:	City/State/Zip:
Phone:	Email:
Emergency Contact:	Phone:
Known Allergies/Concerns:	

Event(s) you wish to attend:

**PLEASE NOTE: Class space is limited. A seat is confirmed once you receive notice from Young Chefs Academy.**

Send completed forms to:

[FloYoungChefs@aol.com](mailto:FloYoungChefs@aol.com)

Or

Young Chefs Academy  
1257 Celebration Blvd  
Florence, SC 29501