



## SPECIAL HOLIDAY DECORATING SESSION

3746 S Peoria Avenue  
Tulsa, OK 74105  
918.933.5005  
www.SageCulinaryStudio.com

### Please print clearly

Child's Name \_\_\_\_\_ Parent(s) \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Birthdate/Age: \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Class Name and Date: \_\_\_\_\_ Amt. Due \$ \_\_\_\_\_  
Does your child have any food allergies\*?  Yes  No If yes, please describe:

\*Sage Culinary Studio may have nuts, foods containing nuts or foods processed in equipment used for processing nuts.

### Emergency contact information for duration of the session:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Consent and Release:** The child above has my permission to participate fully in the holiday decorating session. I will not hold Sage Culinary Studio, Catherine deCamp or her staff responsible should my child incur any injury during the session. I  do  do not give permission for photos of my child to be taken during the class and used for publicity purposes.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card Authorization Request

Cardholder Name \_\_\_\_\_  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card Type:  MasterCard  Visa  Discover 3-digit Security Code \_\_\_\_\_

I hereby authorize Sage Culinary Studio to debit this credit card for the total registration fee to be applied as security deposit for the holiday session listed above. By signing below I also agree to the following Terms and Conditions:

Terms and Conditions: Payments will be processed at time of registration. If the child cannot attend the class for which you have registered, you must call at least 72 hours prior to the class in order to receive 100% refund. If you cancel within 24 hours of the scheduled class time, your payment is non-refundable, but, you may apply the credit toward a future class. No shows or same day cancellations are non-refundable.

Cardholder Signature \_\_\_\_\_

Please mail completed registration form with check or credit card payment to Sage Culinary Studio, P.O. Box 521091, Tulsa, OK 74152-1091, fax to 918.933.5005, or scan and email to [Registration@SageCulinaryStudio.com](mailto:Registration@SageCulinaryStudio.com)