



Terrell.Johnson@kendall.edu
phone: 312.752.2206
fax: 312.752.2207

KENDALL CAMPS

www.kendall.edu

Registration Form

| | | | | |
|---------------------|----------------|-------------|--------------------|----------|
| CAMPER LAST NAME | | FIRST NAME | GENDER | |
| STREET ADDRESS | APT. # | CITY | STATE | ZIP CODE |
| HOME TELEPHONE | | PARENT CELL | CAMPER CELL | |
| AGE AT TIME OF CAMP | E-MAIL ADDRESS | | | |
| HIGH SCHOOL NAME | | | YEAR OF GRADUATION | |

Emergency Contact Information

| | | | |
|----|------|--------------|------------------------|
| 1. | NAME | PHONE NUMBER | RELATIONSHIP TO CAMPER |
| 2. | NAME | PHONE NUMBER | RELATIONSHIP TO CAMPER |

Do you have any food allergies and/or physical limitations? YES NO

IF YES, PLEASE DESCRIBE: _____



Please check the sessions you would like to attend:

- | | |
|---|--|
| JUNE 25 - JUNE 29 <input type="radio"/> Basic Culinary <input type="radio"/> Mediterranean Cuisine | JULY 23-27 <input type="radio"/> Basic Baking & Pastry <input type="radio"/> Basic Culinary <input type="radio"/> NEW Operation Exploration |
| JULY 9-13 <input type="radio"/> Advanced Culinary <input type="radio"/> Basic Baking & Pastry <input type="radio"/> Backpack to Boardroom | JULY 30 - AUGUST 3 <input type="radio"/> Advanced Culinary <input type="radio"/> Basic Baking & Pastry |
| JULY 16-20 <input type="radio"/> Advanced Baking & Pastry <input type="radio"/> Basic Culinary | AUGUST 6-10 <input type="radio"/> Basic Culinary <input type="radio"/> Decorative Cakes <input type="radio"/> Backpack to Boardroom |

Staying overnight or daytime only?

(PLEASE CHECK ONE) :

- OVERNIGHT**
- Culinary Camp \$1,300
 - Back Pack To Boardroom \$1,175
- DAYTIME ONLY**
- Culinary Camp \$900
 - Back Pack To Boardroom \$775

Please mail in:

- Signed and completed registration form
- Uniform order form (PLEASE SPECIFY SIZE)
- A non-refundable \$200 deposit (to reserve your space) for each week of attendance made out to Kendall College with camper's name in memo field.

MAIL TO:
Kendall College
900 N. North Branch St.
Chicago, IL 60642

*\$50 off of the total class fee for applications received before February 28, 2012.



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I, the undersigned, authorize Kendall College to occasionally photograph or videotape my child while he/ she is working in the kitchens or attending evening events. These photographs and/or videotapes will be used for promotion of the Kendall College Culinary/Baking & Pastry camps.

I hereby give my permission for my child to participate in the College's Culinary Camp and the activities related thereto which are described in the paragraph above, and I agree not to make any claim, suit or demand against the College for any injury or damage incurred on account of participation in the Culinary Camp and related activities. By this agreement, I do hereby forever indemnify and hold harmless Kendall College, its Board of Trustees, individually or collectively, its officers, representatives, agents, attorneys, employees, assignees, and successors from any and all claims, demands, actions or causes of action including any or all costs, expenses, and attorneys' fees, arising out of or in any way connected with, directly or indirectly, my child's participation in Kendall College's Culinary Camp.

The activities taking place during Kendall College's Culinary Camp are described below:

- Participation in culinary skill classes, demonstrations and lectures
- Hands-on participation in kitchen and restaurant environments
- Culinary field trips off campus
- Evening activities in the city

SIGNATURE OF PARENT/GUARDIAN

DATE

Mailing Address

Kendall College Summer Camps
Attn: Terrell Johnson
900 N. North Branch Street
Chicago, IL 60642

Any Questions?

Contact Terrell Johnson
PHONE: 312.752.2206
CELL: 312-287-4635
EMAIL: terrell.johnson@kendall.edu



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Uniform Order Form

Please read the following directions on how to measure for jacket or shirt and trouser sizes and mark the desired size on the grid below. (Backpack to Boardroom needs to only measure for a shirt)

MEN

Chest: Measure around the fullest part of the chest, under the arms and around the shoulder blades.

Pant - Waist: Measure around where you normally wear your pants. Keep the tape a bit loose or put one finger between your body and the tape measure.

WOMEN

Bust: Measure around the fullest part of the bust, under the arms and across the shoulder blades.

Pant - Waist: Measure around the smallest area of the natural waist. Hold the tape level and firm but not tight.

Culinary Camp

Jacket Sizes (Circle one)

| | | | | | | | |
|---------------|--------------|--------------|--------------|---------------|----------------|----------------|----------------|
| XS 32 - 34 | S 36 - 38 | M 40 - 42 | L 44 - 46 | XL 48 - 50 | 2XL 52 - 54 | 3XL 56 - 58 | 4XL 60 - 62 |
|---------------|--------------|--------------|--------------|---------------|----------------|----------------|----------------|

Trouser Sizes (Circle one)

| | | | | | | |
|---------------|--------------|--------------|--------------|---------------|----------------|----------------|
| XS 26 - 28 | S 30 - 32 | M 34 - 36 | L 38 - 40 | XL 42 - 44 | 2XL 46 - 48 | 3XL 48 - 50 |
|---------------|--------------|--------------|--------------|---------------|----------------|----------------|

Backpack to Boardroom

Shirt Sizes (Circle one)

| | | | | | | | |
|---------------|--------------|--------------|--------------|---------------|----------------|----------------|----------------|
| XS 32 - 34 | S 36 - 38 | M 40 - 42 | L 44 - 46 | XL 48 - 50 | 2XL 52 - 54 | 3XL 56 - 58 | 4XL 60 - 62 |
|---------------|--------------|--------------|--------------|---------------|----------------|----------------|----------------|



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Credit Card Charge Authorization

CLIENT INFORMATION

| | | | | |
|--------------|------------|---------|-----|--|
| CONTACT | | COMPANY | | |
| ADDRESS | CITY | STATE | ZIP | |
| OFFICE PHONE | CELL PHONE | | | |
| EMAIL | FAX NUMBER | | | |

BILLING INFORMATION (IF DIFFERENT THAN ABOVE)

| | | | | |
|---------|------|---------|-----|--|
| CONTACT | | COMPANY | | |
| ADDRESS | CITY | STATE | ZIP | |

TYPE OF CARD:

- VISA
 MASTERCARD
 DISCOVER
 AMERICAN EXPRESS

| | | | | |
|---------------------|-----------------|--|--|--|
| NAME ON CREDIT CARD | | DAYTIME PHONE | | |
| CREDIT CARD NUMBER | EXPIRATION DATE | 3-DIGIT VERIFICATION CODE (FOUND ON BACK OF CARD) | | |
| SIGNATURE | | DATE | | |

OFFICE USE ONLY

| | AMOUNT | DUE DATE | DATE RECEIVED | PLEASE INITIAL BELOW |
|--------------------|--------|----------|---------------|----------------------|
| INITIAL DEPOSIT | | | | AUTHORIZING: |
| ADDITIONAL DEPOSIT | | | | AUTHORIZING: |
| RECEIVED BILLING | | | | AUTHORIZING: |
| FINAL BILLING | | | | AUTHORIZING: |
| POST BILLING | | | | AUTHORIZING: |
| EVENT MANAGER | | | | |

Please keep a copy of this form for your records and to make additional payments.