



Request for Food Safe Handling Course

Date Submitted: _____

Name of Contact: _____

Phone Number: _____ **(required)** **Fax Number:** _____

Email: _____

Name of Organization (Legal Corporation Name) _____

Mailing address: _____

Name of Program: _____

Total Number of Students: _____ X \$65.00/per student = _____

***Please note: \$65.00 fee is NON-REFUNDABLE.**

Please List Students Name: (minimum of 10 students)

Note:

Will students be employed in food handling services after course? YES NO

Are all students 16 years or older? YES NO

Date of Course preferred: _____

Location: _____

P.O # or Cheque: _____ **(Attach)**