



LET THEM EAT CAKE

# 2015 Class Registration Form

Thank you for registering for a class. We hope you will enjoy the experience as much as we enjoy preparing and assisting you learn more about cake and cupcake decoration. We have three different classes for kids and adults:

Summer Day Camp for Kids	Adults 101	Adult Advanced
Package for 3 minimum and 5 max. Specially designed for kids aged 9-12.	Package for 3 minimum and 6 maximum.	Package for 3 minimum and 6 maximum.
Tuesday through Friday, 8am to 10am	Wednesday <i>or</i> Thursday, 6-9pm	Wednesday <i>or</i> Thursday, 2-5pm
June 16, 19, June 23-26, June 30-July 3, July 7-10, July 21-24, July 28-31	Session 1 - June 17 <i>or</i> 18 Session 2 - June 24 <i>or</i> 25 Session 3 - July 1 <i>or</i> 2 Session 4 - July 8 <i>or</i> 9 Session 5 - July 22 <i>or</i> 23 Session 6 - July 29 <i>or</i> 30 Session 7 - Aug 12 <i>or</i> 13 Session 8 - Aug 19 <i>or</i> 20 Session 9 - Aug 26 <i>or</i> 27	Session 1 - June 17 <i>or</i> 18 Session 2 - June 24 <i>or</i> 25 Session 3 - July 1 <i>or</i> 2 Session 4 - July 8 <i>or</i> 9 Session 5 - July 22 <i>or</i> 23 Session 6 - July 29 <i>or</i> 30 Session 7 - Aug 12 <i>or</i> 13 Session 8 - Aug 19 <i>or</i> 20 Session 9 - Aug 26 <i>or</i> 27
\$130.00 package for whole week or \$40/per session. All supplies included.	\$149.00 per person. All supplies included.	\$180.00 per person. All supplies included (working with fondant)
*All class registrations are non-refundable. One reschedule allowed per registration.		

Sculpted Workshops	Parent / Child
Saturday, 12 - 3pm July 11, July 25 and Aug 15 \$195.00	Saturday, 12 - 3, August 1 \$149.00 total

I hereby authorize Let Them Eat Cake, Inc. to charge my credit card for products and services. This authorization includes full charges for services noted. If the card expires prior to the event date, another card must be provided.

Student Name: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

For class name/date: \_\_\_\_\_

Card Type:       Visa                       MasterCard                       American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Printed Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street, Unit Number, City, State and Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_