

Stella Burry Community Services Community Kitchen Registration Form

Date: _____

Name: _____

Address: _____

Telephone: _____ (Home) _____ (Other)

Email: _____

Tell us why you would like to join the Community Kitchen?

What are some meals that you would like to learn how to cook?

Do you have any food allergies?

No: _____ Yes: _____

Do you have any health concerns that we need to know about?
