

LYFVE LESSONS/ Lil Chef  
Workshop Booking & Logistics Form

**Complete and Return via Fax to 1 866 458 3656**

Organization Name:

Organization Address:

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Org. (Circle all that apply)

PreSchool/ Day Care  Elem. School  Day Camp  Summer Camp   
Girl Scouts  Boy Scout  After School Program  Church Org.   
Community Org.  Retail Food  Other \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Workshop Location: \_\_\_\_\_

Theme?: \_\_\_\_\_

Payment:  via Website  via Email Invoice  via Check Sorry No Cash

Special Reqs/Notes: \_\_\_\_\_

- **Dates:** What day and dates do you have in mind?. List all possible.
- **Locations:** Where will be workshops be held?
- **Themes?:** Do you have special themes\_for the weeks or period in which the classes fall
- **No. of Attendees?:** The number of little chefs who will be participating for each date listed
- **Payment:** Payment is required in advance via our website or Email Invoice.

**Fax completed form to 1 866 458 3656**