



Cooking Matters for Adults Enrollment Form

Name

City

State Zip Code

Phone - - Phone Type: Cell/Mobile Home Work

Email Address

Check this box if you **do not** want to receive shopping and cooking tips from Cooking Matters once in a while.

Please enter the initial letter of your first, middle, and last names. Example: if your name is John Quinn Doe, please enter JQD. If your name is Maria Elena Ortiz Méndez, please enter MEOM.

Course Code

Partner Code