



**CALGARY'S COOKING APPLICATION**

3751 21 Street NE, Calgary, AB T2E 6T5

[cc@ckpcalgary.ca](mailto:cc@ckpcalgary.ca)

403 538 0135 ext. 135 Fax 274-2967

(Please note: The information on this form is confidential)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth:(m) \_\_\_\_\_ (d) \_\_\_\_\_ (yr) \_\_\_\_\_

**CONTACT INFO:**

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

Number of people you will be cooking for: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

DAY(S) AND TIMES YOU ARE AVAILABLE TO COOK - please circle all that apply:

Thursday Friday Saturday Sunday Morning Afternoon Evening

Do you have a vehicle (or ride arranged for cooking sessions and meetings)? Y / N

Do you have special needs (i.e. mobility, accessibility, etc.) If so, please explain: \_\_\_\_\_

Allergies or dietary restrictions (include any food allergies of anyone in household): \_\_\_\_\_

Any medical condition we should be aware of: \_\_\_\_\_

Medications you are taking: \_\_\_\_\_

AB Health Care Number \_\_\_\_\_

Person to contact in event of emergency: \_\_\_\_\_

Phone #s: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

<b>DATE APPLICATION REC'D</b> _____
<b>DATE PLACED IN KITCHEN:</b> _____
<b>Membership Fee Rec'd:</b> _____
<b>Kitchen Name:</b> _____