



The Cake Tutor

School & Cakery



REGISTRATION FORM

Name: (First/Last) _____

Address : _____ Unit Number: _____

City: _____

Province: _____ Postal Code: _____

Phone: H: _____ W: _____

Email: _____

Registration for: _____ Class: _____ Date of Class: _____

Total Fee: _____

***Please note that a 50% deposit is required to reserve your spot in class.
Class sizes are limited.**

**NOTE: There must be a minimum of 2 registrants for an evening class to run.
Contact us for further information**

Interested in: Gum Paste Flowers Candy Making

Fondant Tiered Cakes

Advanced Cake Decorating Baking

Cupcakes Other _____

Previous Experience: Yes No

Questions / Comments:

INSTRUCTIONS:

Print the form. Complete your information. Drop this form off, along with your payment in full or a 50% deposit to hold your spot @ our office on Park Street, or mail it to us.
You may also phone us to arrange payment with your credit card (Visa or Mastercard).

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Email: classes@thecaketutor.com