



Baked by Nataleen

CUSTOM CAKES | DESSERTS | CATERING | CONFECTIONERY COURSES
Registration Number 2013/086015/07

POLOKWANE Registration Form 2024

Surname: _____

First Name: _____

ID Number: _____

Cell Phone Number: _____

E-Mail Address: _____

I am registering to attend the following programme or Course : if you are attending the full 10 day- just write 10 day and the dates from and to:

Name of course: _____

Dates & times attending: _____

Name of course: _____

Dates & times attending: _____

Name of course: _____

Dates & times attending: _____

Name of course: _____

Dates & times attending: _____

Name of course: _____

Dates & times attending: _____

Other classes I would be interested in: _____

I acknowledge that I have read and understood the terms and conditions laid out in the schedule and are required to pay a 50% non-refundable and non-transferable deposit for each programme that I would like to attend, in order to secure my booking. I further acknowledge that balances for each programme are to be paid prior to commencement of the individual programme.

Thus done and signed at _____ on this the _____ Day of _____ 20__

Signature: _____