

**REGISTRATION FORM**  
**FOODHANDLER'S TRAINING CLASS**

(PLEASE CIRCLE WHICH CLASS YOU WISH TO ATTEND)

**Food Safety-Part I (The basics):**

March 30<sup>th</sup> and 31<sup>st</sup>, 2009 – 6:00 to 9:00 PM (both days)

Or

April 6<sup>th</sup> and 7<sup>th</sup>, 2009- 1:00 to 4:00 PM (both days)

Or

April 20<sup>th</sup> and 21<sup>st</sup>, 2009 – 1:00 pm to 4:00 pm (both days in Spanish)

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Business Phone Number \_\_\_\_\_

Name(s) of Person(s) Attending Class

Date of class attending

\_\_\_\_\_

\_\_\_\_\_

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Please return form at least 5 days in advance along with the \$ 5.00 fee for each person to:

Vineland Health Dept.  
Attn: Jeanne Garbarino  
640 Wood St.. P.O. Box 1508  
Vineland, N.J. 08362-1508

All checks must be made payable to "City of Vineland". If you have any questions, please call (856) 794-4131 extension 4326.