

Cancellation notification must be within 48 hours of Event date. No cash refunds.
May be applied to gift certificate to be used at later date.



A Unique Culinary Experience

Reserving for how many? _____

Participants Name/Names _____

Class Price \$ _____

Class Date _____

Class Name _____

9045 Nemo Street, West Hollywood, CA 90069 • (310) 288-0100 • www.lafoodworks.com

**Thank you for your interest in our
Culinary Classes
Full payment is required to reserve a seat**

FOOD IS A VERB

L.A. Food Works Cooking classes are perfect for our Foodie Friends!

**Please complete this form and fax to 310.288.0125
CREDIT CARD AUTHORIZATION FORM**

CARD HOLDER'S NAME: _____

PHONE NUMBER: _____

CARD BILLING ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

TYPE (Circle one): **V** MC AMEX TOTAL AMOUNT \$ _____

CREDIT CARD NUMBER: _____

VERIFICATION NUMBER: _____ EXP. DATE (MM/YY): _____ / _____

(This is the 4 digit number the credit card number on the front of the card or the 3 digit number on the back of the card over the signature line.) receipt will be FAXed back for confirmation

CARD HOLDER'S SIGNATURE: : _____

**A Private Gourmet Studio in West Hollywood
where 'Food Groups' experience hands on dining;
From kitchen to table.**

**phone 310.288.0100
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www.lafoodworks.com**