

2016 Youth Dreams Culinary Program Application



Stargazer

Creating exceptional culinary experiences one bite at a time

Dear Organization:

Thank you for your interest in the Youth Dreams Culinary Program. Please complete this application completely. **Incomplete forms will not be accepted.** The submittal deadline for this application is March 31, 2016, however, due to the application process taking up to 30 days, we encourage you to submit at least 60 days prior to the start date of your program.

If you have any questions about completing this form please [contact](#) us at anytime. Again, thank you for completing this application and Stargazer looks forward to working with your organization.

Sincerely,
Chef Carol Rice

Organization Information

Name of Organization

Street Address

Street Address line 2

City

State

Zip Code

Phone Number

Applicant Information

Note: This section should contain information of the individual who has authority/approval over your organizations after-school and/or summer camp program.

First Name

Last Name

Title/Position within
Organization

E-mail Address

Phone Number

Program Information

Note: This section is about your organization's after-school and/or summer camp program.

Start Date of Your Program

End Date of Your Program

Start Time of Program

End Time of Program

Duration of Your Program

Age Range of Participants 5-7 8-10 11-14 15-17

How Many Weeks Would Like
to Contract our Services's 2 Weeks 3 Weeks 4 Weeks 5 Weeks
6 Weeks

Additional Comments

Note: Use this section to leave additional comments on this application.

In order to submit the application, please save completed application and [email](#) it to us using "2016 Youth Dreams Culinary Program Application" as the subject line.