

Youth Dreams Culinary Program Application



Stargazer

Creating exceptional culinary experiences one bite at a time

Dear Organization,

Thank you for your interest in Stargazer's Youth Dreams Culinary Program. Please complete this application in its entirety. **Incomplete applications will not be accepted.** Due to the approval process being a minimum of 30 days, we recommend submitting at least 60 days prior to the start date of your program. If you have any questions please do not hesitate to [contact](#) us.

We thank you for your support of the Youth Dreams Culinary Program and we look forward to working with your organization in the coming months.

Sincerely,
Chef Carol Rice

Organization Information

Name of Organization

Street Address

City

State

Zip Code

Phone Number

E-mail Address

Applicant Information

Note: This section should contain information pertaining to the individual who has authority/approval over the organization's after-school and/or summer program.

First Name

Last Name

Position within Organization

E-mail Address

Phone Number

Program Information

Note: This section should contain information pertaining to the organization's after-school and/or summer program.

Please indicate if this is for our Spring or Summer session.

Start Time of Class

End Time of Class

Number of Participants

1-10

10-20

20+

Age Range of Participants

5-7

8-10

11-14

15-17

Duration of Class

2 Weeks

3 Weeks

4 Weeks

5 Weeks

6 Weeks

Do any of the participants have food allergies?

Yes

No

Additional Comments

Electronic Signature

By signing this Stargazer Youth Dreams Culinary Program application, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Please type your First and Last Name

Date

I understand by checking this box constitutes a legal signature confirming I acknowledge and warrant truthfulness of the information provided in this document.

In order to submit the application, please save it and attach it to an [e-mail](#) using "Youth Dreams Culinary Program" in the subject line.