



## Galveston County Health District Food Handlers Course Application

Application Date: \_\_\_\_\_

Please Print

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
(Street) (City) (Zipcode)

Mailing Address: \_\_\_\_\_  
(if different) (Street or PO Box, City, Zip)

Contact Person: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Course Date: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Course: English: \_\_\_\_\_ Spanish: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

**Note:** Fee of \$25.00 per person will be paid in advance - no refunds will be made for scheduled employees that do not attend - Any changes made in scheduling must be approved at least one business day prior to scheduled course day

Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Confirmed by: \_\_\_\_\_ On: \_\_\_\_\_

Instructor: \_\_\_\_\_