Galveston County Health District
Food Service Managers Certification Course
Registration Form

Receipt #: _____ Class Date: _____

PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip Code)

Home Phone: _____ Work: _____ Cell: _____

Highest Educational Level: (Circle One) 1. Grade School 2. High School 3. College 4. Master's Degree 5. P.H.D.

Business Name: _____

Business Mailing Address: _____
(Street or P.O. Box) (City) (Zip Code)

Job Title: _____

****Cancellation:**** **Cancellations received up to three (3) working days before your schedule class are refundable with a written request. Your refund minus a $7.00 registration service charge will be forwarded to you within thirty (30) working days after the receipt of your written request.**

****Rescheduling:**** **If you wish to reschedule you may do so only one time without the loss of your fee as long as you call during the working day at least twenty-four (24) hours prior to your scheduled class day. Please not that if you don't cancel or reschedule and you do not attend, you forfeit your fee. If you forfeit your fee you will be required to reapply for the course before you attend.**

Applicant's Signature: _____ Date: _____

For Health District Use Only
(Make checks Payable: to Galveston County Health District)

Date Certificate Expires: _____

1. _____ Initial Certificate: ($50.00)
2. _____ Copy of Certificate: ($20.00)
3. _____ Renewal of Certificate: ($50.00)

_____ Cash
_____ Money Order #:_____
_____ Check #:_____
____ Credit Card

Instructor Signature: _____ Date:_____