



Cooking Demonstrations Sign Up Form 6th-12th Grade

School Name:

Teacher Name:

Teacher E-Mail:

First Choice Date:

Second Choice Date:

Times of classes:

Grade:

Number of total Students:

Are there any students that are lactose intolerant?

How many?

Are there any nut allergies?

Please choose one:

Make Your Own Smoothies

Loaded Grilled Cheese

30 Min Mac and Cheese

Please email to bethany@milkforhealth.org

We will contact you to confirm details!