



Cooking Demonstrations Sign Up Form UPK- 2nd 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:

Smoothies

Yogurt Parfaits

Ice Cream Making

Please email to bethany@milkforhealth.org

We will contact you to confirm details!