

# Lov'n It Live Hue\*Niversity

## AN ORGANIC LIVING FOODS INSTINCT PREPARATION COURSE

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### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City,State,Zipcode \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

### DESIGN YOUR EXPERIENCE

#### CLASS AVAILABILITY (Monday thru Thursday)

Class schedule varies based on instructor and student availability When you come for your interview please bring a planning book.

Number of Classes \_\_\_\_\_ Start Date \_\_\_\_\_

Ever taken a nutrition or food preparation course  yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

### KITCHEN EXPERIENCE

WHAT TYPES OF FOOD DO YOU GENERALLY EAT (INCLUDE RAW/COOKED)	WHAT TYPES OF FOOD WOULD LIKE TO LEARN TO PREPARE

General food Allergies \_\_\_\_\_

Omnivore/Vegetarian/Vegan/Raw  
(Choose one) \_\_\_\_\_

How Long? \_\_\_\_\_

## Physical Record

Do you have any physical disabilities that may hinder your food preparation creativity experience?

Please List all medical conditions that we should be aware of:

In case of an emergency, notify: \_\_\_\_\_

## METHOD OF PAYMENT

We accept all forms of Major Credit, Debit, Money Orders and of course cash is always accepted.

**SORRY! We do not accept personal checks**

THANK YOU IN ADVANCE

Form of Payment: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## References

( People you would like to recommend to take our course )

	Name	Address, Phone ,Email
1		
2		
3		

EXPERIENCE THE ART OF CREATING DELICIOUS, NUTRITIOUS FOODS THE IOV'N iT LIVE WAY!