



Camp Cook Enrollment Application

Please fill out and return to: ROYAL TINE
PO Box 809
Philipsburg, MT 59858

MAKE CHECKS PAYABLE TO LEREE HENSEN

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work or Cell Phone () _____

Age _____ Sex _____ Height _____ Weight _____ Email address _____

1. Do you have any health problems, physical limitations, handicaps, allergies, etc.? Yes ___ No ___ If so, please describe. Include medicines and food restrictions. _____
2. Date of school session applying for. _____
3. Mode of Travel -- Air ___ Bus ___ Personal Vehicle ___
4. **Cooking Experience** -- None ___ Some ___ A Lot ___
5. **Baking Experience** -- None ___ Some ___ A Lot ___

I, the undersigned, do hereby apply to Royal Tine Camp Cook School, to be enrolled and accepted as a student, and do hereby agree, if enrolled and accepted, to the enrollment terms, including refund policy and terms for dismissal. Due to our limited number of enrollment, it is the policy of this school, that once a reservation is made and a deposit sent, and the student accepted by the school, the deposit is **non-refundable and non-transferable**. I agree to abide by all rules and regulations of the school, as they exist at present and may be hereafter amended, and any failure to do so shall grant the school the option to suspend or terminate my enrollment. I understand the reasons for suspension or termination are, but not limited to:

- a. Cheating, dishonesty, stealing.
- b. Excessive absenteeism or tardiness.
- c. Immoral, unprofessional, or unlawful conduct.
- d. Use of intoxicating liquors and/or drugs
- e. Misuse or abuse of equipment or animals.
- f. Fighting
- g. Any behavior deemed unsafe or disruptive to fellow classmates or staff.

I have enclosed my enrollment fee deposit of 50%; payable to **LeRee Hensen**. I understand the remaining balance is to be paid 45 days prior to course start date. I affirm that my general health is good, that I am capable of performing the duties for which I am enrolling and that I am at least 18 years of age. Due to the nature of the school, I fully assume and accept all responsibilities for any accidents or injuries I may suffer during the period of enrollment. I further release and discharge the school, its owners and operators, instructors, horse owners, and owners of the land upon which any of the classes or training is taking place in all manner from suits, actions and causes of actions under the terms herein set forth.

Applicants signature _____ Date _____

- If paying by credit card, use Paypal on the website or call and you'll be invoiced through email.
- **If paying by check or money order, make check payable to LeRee Hensen.**
- Deposit is 50% of course tuition and the remaining balance is due 45 days prior to course start date.
- If you have any questions, call 406-859-5138 or email royal_tine@yahoo.com