CACFP Registration Form (*Make copies as needed*)

Complete and return to: *CACFP/KSDE, 120 SE 10th Avenue, Topeka, KS 66612-1182 or FAX 785-296-0232.*

Clip here and return ✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂Clip here and return

Date of Class: _____ Time of Class: _____

Class Name: _____ Class Location: _____

Your Name: _____ Your Sponsor Number (D0, J0, P0, X0):_____

Your Center/Agency Name: _____

Your Contact Phone Number (in case of cancellation): _____

Your Email: _____ Your County: _____

Additional Name(s): _____ _____

Attach a list if more than 3 people plan to attend.

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Class Name: _____ Class Location: _____

Your Name: _____ Your Sponsor Number (D0, J0, P0, X0):_____

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