

**Reservation Form for the Savory Spoon Culinary Tour of Italy May 14<sup>th</sup>-20<sup>th</sup>, 2012**

Mr./Ms./Mrs \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Accommodations: I prefer to share a room: \_\_\_\_\_

• Single room\* (supplement US \$500)

Profession \_\_\_\_\_ Hobbies \_\_\_\_\_

Languages \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Allergies \_\_\_\_\_

Wine interest \_\_\_\_\_

Wine dislikes \_\_\_\_\_

Your level of cooking: • Beginner • Intermediate • Advanced • Professional

Have you taken cooking courses before ? • Yes • No

Where and when ? \_\_\_\_\_

**Checks written to Savory Spoon Cooking School**

**Send your deposit checks to:**

Savory Spoon Cooking School  
12042 Hwy. 42  
Ellison Bay, WI. 54210