



Westminster Artisan Cheesemaking

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802.387.4041

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Fall 2016 Registration Form

Name _____

Address _____

Phone: _____ e-mail: _____

_____ **Advanced ~ Alpine & Grana** (November 6-7)

_____ **Advanced ~ Blue Cheese** (November 10-11)

_____ **Advanced ~ Bloomy and Washed Rinds** (November 12-13)

_____ **Affinage: Techniques, Microbes and Facilities** (November 18-20)

_____ **Introduction to Cheesemaking** (December 1-7)

_____ **HACCP: Developing a Food Safety/Risk Reduction Program for
Small - Scale Cheesemakers** Date TBD (call for details)

Registration Policy: A deposit of one half of class fees is required to register. The remainder is payable on arrival. Deposits are *only* refundable with **at least 30 days** notice. In case of class cancellation, all deposits will be refunded.

Safety/Insurance Waiver: In each class, safe practices will be taught. Because we are considered a school, our liability insurance does not cover medical payments should an injury happen. Participants should have insurance or medical coverage in case an accident should occur.

Please read the above paragraph and sign and date that you understand and agree.

Name: _____

Date: _____ Do you have medical coverage? Yes _____ No _____

Release Form: Are you willing to have your photo on the website or other promotional materials? (No names or other information will be shown.)

Agree _____ No Thanks _____

To determine availability, contact us at westminsterartisan@gmail.com. To reserve your spot, please enclose form with check made out to **Westminster Artisan Cheesemaking**.