

Mobile Kitchen Classroom

THE NEXT STOP IN FOOD EDUCATION



TEAM MEMBER APPLICATION

Profile Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

General Information

How did you hear about Team SHFT Mobile Kitchen Classroom? _____

Personal Fundraising Goal (minimum \$2,500): \$ _____

Why are you running/raising funds for SHFT Mobile Kitchen Classroom? _____

In consideration of my acceptance of participation as a member of Team SHFT Mobile Kitchen Classroom, I hereby for myself, my heirs and administrators waive any and all rights and claims for damages I may have against SHFT Mobile Kitchen Classroom (SHFT MKC) and will hold them harmless for any and all injuries suffered in connection with said participation. Also, SHFT MKC is not responsible for the loss of personal items or any other form of aggravation in connection with said event. I have been warned that I must be in good health to participate in an athletic event. In filling out this form, I also give permission for free use of my name and likeness in any broadcast and print media accounting this event.

By signing this application, the undersigned agrees that he/she/it has read and agrees to the terms and conditions listed above.

Participant Signature

Date

**Please return completed form by email: info@mobilekitchenclassroom.org or by mail
66 North 11th St., Brooklyn, NY 11249.**

If you have any questions or need additional information please call 347-762-8235.