

Print name and class date
below.

Class Date
Name
Class Date
Name
Class Date
Name
Class Date
Name
Class Date
Name
Class Date
Name
Class Date
Name

Total
\$ _____

**CHRISTIAN COUNTY HEALTH
DEPARTMENT**

P.O. Box 647
1700 Canton Street
Hopkinsville, KY 42241-0647
Phone: 270-887-4160 ext. 123
Fax: 270-887-4165
E-mail: jillt.harton@ky.gov



All classes are held at:

**Christian County Health
Department
1700 Canton Street
Hopkinsville, KY 42240**

Classes are located in the basement.

2018 Dates for Certification Classes

March 6th	\$20.00
September 5th	\$20.00

Sign in at	7:45 a.m.
Class Begins	8:00 a.m.
Class over	12:00 p.m.



Class will be rescheduled in case of inclement weather.

Register early, class size is limited.

Must be registered and paid by Friday prior to week of class.

Must be able to pass a written exam.

Cost to retake exam is \$10 and must be taken within 30 days of initial class date.

Cancellations must be made at least **2** days in advanced.

NO REFUNDS!

Make check payable to

CCHD

In memo section put "Food Manager Certification Class"

P.O. Box 647

Hopkinsville, KY 42241-0647

Christian County Health Department is a non-smoking campus.



Registration Form

Please detach and mail form in with check.

Employer Information

Name of Establishment

Mailing Address of Establishment

Phone

We reserve the right to cancel a class if fewer than 5 people sign up.