



Galveston County Health District Food Handlers Course Application

Application Date: _____

Please Print

Establishment Name: _____

Establishment Address: _____
(Street) (City) (Zipcode)

Mailing Address: _____
(if different) (Street or PO Box, City, Zip)

Contact Person: _____

Work Phone: _____ Alternate Phone: _____ Work Hours: _____

Course Date: _____ Number of Hours: _____

Course: English: _____ Spanish: _____

Estimated Number of Attendees: _____

Note: Fee of \$10.00 per person will be paid in advance - no refunds will be made for scheduled employees that do not attend - Any changes made in scheduling must be approved at least one business day prior to scheduled course day

Date Paid: _____ Receipt #: _____ Amount Paid \$ _____

Confirmed by: _____ On: _____

Instructor: _____