

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
FAMILY NUTRITION PROGRAMS

Child and Adult Care Food Program Training

REGISTRATION FORM
Fax Number (803) 898-0960

CACFP Agreement Number: _____

Name of Organization: _____

Mailing Address: _____

County: _____

Contact Person: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Name of Training/Class: _____

Date of Training/Class: _____

Please list below the person(s) who will attend the above training/class:

1. _____

2. _____

**Registration will begin 30 minutes prior to the training session.
LATE ATTENDEES WILL NOT BE ADMITTED!**

Unless otherwise indicated, the workshop will begin promptly at 9:00 a.m.

Please notify the CACFP staff at (803) 898-0959 if you have special needs related to the Americans with Disabilities Act that might limit your ability to effectively participate in this workshop so that reasonable accommodations may be made.