



Polk County Health Center

www.polkcountyhealth.net

(417) 326-7250
(417) 326-2766 fax
1317 W Broadway St
Bolivar, MO 65613

Food Service Training Registration Form

Name _____ Date of Birth _____

Address _____

Number of years working in food service? _____

Current place of employment? _____

Have you had previous food service training? _____

If so, please state when and who provided the training? _____

The registration fee for the training is \$10.00 per person. This includes all training materials, identification card, and 2 hours of instruction. Please return the registration form and fee to Polk County Health Center, PO Box 124, Bolivar, MO 65613. Seating is limited.

Office use only.

Date fee paid _____ Cash _____ Check _____