

DATE \_\_\_\_\_

DVD TRAINING \$25.00 Purchase \$5.00 Late Fee

ESTABLISHMENT \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE READ AND PRINT ALL REQUIRED INFORMATION!!!**

Please PRINT names of employees AND date of birth. COLLECT \$20 CASH PER EMPLOYEE for DVD TRAINING.

IF DVD is checked out; return DVD no later than \_\_\_\_\_. Violators will be unable to use this service in future if this date is not adhered to.

**THERE WILL BE A \$5.00 PER DAY FEE IF DVD IS NOT RETURNED ON TIME.**

\*\*When completed either:

Fax 254-778-8251

Email [RetailFood@bellcountyhealth.org](mailto:RetailFood@bellcountyhealth.org)

Phone 254-771-2106

**PRINT NAME AND DATE OF BIRTH**

1. \_\_\_\_\_

16. \_\_\_\_\_

2. \_\_\_\_\_

17. \_\_\_\_\_

3. \_\_\_\_\_

18. \_\_\_\_\_

4. \_\_\_\_\_

19. \_\_\_\_\_

5. \_\_\_\_\_

20. \_\_\_\_\_

6. \_\_\_\_\_

21. \_\_\_\_\_

7. \_\_\_\_\_

22. \_\_\_\_\_

8. \_\_\_\_\_

23. \_\_\_\_\_

9. \_\_\_\_\_

24. \_\_\_\_\_

10. \_\_\_\_\_

25. \_\_\_\_\_

11. \_\_\_\_\_

26. \_\_\_\_\_

12. \_\_\_\_\_

27. \_\_\_\_\_

13. \_\_\_\_\_

28. \_\_\_\_\_

14. \_\_\_\_\_

29. \_\_\_\_\_

15. \_\_\_\_\_

30. \_\_\_\_\_

I certify that the above employees have completed the required training: \_\_\_\_\_