



KITCHEN ASSISTANT COMP CLASS REQUEST

Fax to Store 24 when completed - 703-414-3586 or drop off at store

Today's Date _____

Assistant Name _____

Address _____

City, State, Zip _____

Work TEL (____) _____ Home TEL (____) _____

Email _____

Form of Payment: To the best of your knowledge, which semester are these 5 points coming from: _____

Name of Class _____ Quantity _____

Date _____ Points Used _____ SKU# _____

Name of Guest _____ Phone# (____) _____

Name of Class _____ Quantity _____

Date _____ Points Used _____ SKU# _____

Name of Guest _____ Phone# (____) _____

Name of Class _____ Quantity _____

Date _____ Points Used _____ SKU# _____

Name of Guest _____ Phone# (____) _____

Name of Class _____ Quantity _____

Date _____ Points Used _____ SKU# _____

Name of Guest _____ Phone# (____) _____

CANCELATION POLICY

**You must notify the Sur La Table call center no later than 48 hours before class.
Failure to do so will result in you losing your points.**

FOR OFFICE USE ONLY

Points Verified for usage Y ___ N ___

Approved by: _____ **Must have Scott's approval before being called in.**

Date called into CC _____ Time Called In _____

Call Center Name _____ Confirmation # _____

Called/Left Message for Customer with Confirmation Number on _____

Your Employee # _____

**Fax to Store 24 when completed - 703-414-3586
Or you can drop it off at the Store on your next visit**