



BELIZE INSTITUTE OF MIXOLOGY



B.I.M. Application Form

Name: _____

Date: _____

Establishment employed at: _____

Contact Number: _____ E-Mail _____

How long have you been in the bartending field? _____ Years _____ Months

Please mark in the appropriate section below:

- Introduction to Bartending
- Advanced Bartending
- Master Mixology (1 Elemental Mixology or 2 Bar Chef or 3 Customer service)
- Restaurant & Bar Management
- Server Training
- Housekeeping Training

✓ Form of Payment: Cash _____ Credit Card _____ Cheque _____ Other _____

I am here by applying to participate in the Belize Institute of Mixology's training courses. I agree to adhere to all rules and regulations of the instructors. I agree that all test results are final. I am allowing the information on this form, as well as any photographs taken of myself during the course, to be possibly distributed by Belize Institute of Mixology as they see fit. If I am unable to attend any part of, or entire training, then I agree that a credit will be issued for training on a later date and any price difference if higher, will be my responsibility.

Signature of applicant

