

Bayfield Fruit Growers Clinic 2006 Registration Form

March 13-14, 2017

Please enclose \$15.00 per person for Monday, March 13th and \$10 per person for Tuesday, March 14th

Mail before or on March 10th:

Bayfield County Extension Office,
Courthouse, PO Box 218, Washburn, WI 54891
(Make checks payable to: **UWEX-Bayfield County**)

OR

You may also register and pay online at:

<https://goo.gl/v3Lh9q>

Name: _____

Farm/Business Name: _____

Phone: _____

Cell Phone: _____

E-mail: _____

Mailing Address: _____

City, State, Zip: _____

I will be attending on:

_____ March 13th (\$15)

_____ March 14th (\$10)

The following will also be attending:

Name: _____

March 13th (\$15) _____ March 14th (\$10)

Name: _____

March 13th (\$15) _____ March 14th (\$10)

Name: _____

March 13th (\$15) _____ March 14th (\$10)

Total Number Attending: _____

Total Amount Enclosed: _____

For Office Use:

Check # _____

Date Received: _____

Monday # _____

Tuesday# _____