

Composting Workshop

Registration Form

Participant's Name(s): _____

Address: _____

City: _____ Zip _____

Telephone: (_____) _____ Email: _____

Registration Fees

Class(es) attending:

Backyard Composting

Worm Composting

Composting Using Effective Microbes

\$5.00 per class or \$12.00 for all three \$ _____ Total check amount

Make check payable to: *Lincoln University Cooperative*. Write "Composting Workshop" in the memo section.

Print registration form and mail with check to: Lincoln University Cooperative Extension, c/o Dr. Hwei-Yiing Johnson, Attn: Felicia Burkes, LUCE, 900 Chestnut, Allen Hall, Jefferson City, MO 65101.

If you require any special accommodations (dietary, sign language interpreter, wheelchair accessibility, etc.) please list here: _____

Photo release

You may take my photo and/or being the parent or legal guardian of the youth participant named above I hereby consent that photographs and videotapes of my child during this event may be used by Lincoln University Cooperative Extension.

Signature of Parent/Guardian

Name of Youth

Date

For more information please visit our website: <http://www.lincolnu.edu/web/programs-and-projects/composting> or call (573) 681-5543.