

Workshop Registration Form

(Note: if registering on the day of the event there will be a \$5 late fee)

Mail in with payment.

Name: _____ Phone: _____

Zip Code: _____ Email (for confirmation): _____

Would you like to be added to our Email List for future workshops: **Yes / No**

Mailing address (only if no email available):

Please register me for:

_____ (\$25) Growing and Grafting Grapes – March 11th

_____ (\$25) Pruning Blueberries, March 25th (rain date March 26th)

_____ (\$25) Seed Starting to Transplant, April 1st

_____ (\$25) Raising Hogs, April 22nd

_____ (\$25) Mushroom Gardens, May 13th

_____ Total

Make check/ money order payable to: Marshfield Agricultural & Horticultural Society

Mail with payment to:

Marshfield Agricultural & Horticultural Society
(Attention Market Manager)
PO Box 5
Marshfield, Ma 02050-0005

Confirmation email will be sent (or by phone call if no email) when received, please check the junk mail box in case it ends up there.