

ANNUAL FARM SAFETY PROGRAM REGISTRATION SATURDAY, APRIL 6, 13, & 20 2024 8:00 AM to 4:00 PM

Name of P	articpant:		
Name(s) of Parent/Guardian:			
Address: _			
Phone #: _			
Email:			
Birthday: _	rthday: Age of Participant on April 20, 2024:		
Describe y	our farm involvement:		
Mandatory Parent Involvement			
Saturday, April 6 th from 8 am to 10 am			
Additionally, select 1 timeslot from below			
	ı	April 13 noon-4pm	
	April 6 noon-4pm	April 20 8am-noon	
	April 13 8am-noon	April 20 noon-4pm	
	0.00 per participant. Includes lunch nch cost for parent \$10.00	n for participants and T-shirt.	
PARTICI	PANTS <u>MUST</u> ATTEND ALL 3 SESSIO	ONS (24 HOURS FEDERAL REQUIREMNT)	
_	ions are due by THURSDAY, MARC WCFB FARM SAFETY P.O. BOX 333 ALLENTON, WI 53002	H 28 TH , 2024	
Participant Shirt Size: (Adult sizing)			

No

Yes

Lunch for Parent: