



Exploring the Small Farm Dream

COURSE REGISTRATION

DATE: _____ TIME: _____ PLACE: _____

Enclosed is my check for \$ _____ for a single participant (includes one workbook), or \$ _____ for two participants/single enterprise (includes one workbook).

Please make checks payable to CVCC/ESFD and mail to CVCC, 2179 Everett Road, Peninsula, OH 44246.

PARTICIPANT INFORMATION

Information about ESFD course participants will help us make improvements to future course workbooks and materials. *It will remain strictly confidential!* Items marked (*) are provided to the course developer (New England Small Farm Institute) in summary form only. Thank you!

Name(s):

Name of Enterprise (if any):

Address:

Phone:

E-mail:

Please: place my/our name on CVCC's mailing list.
 do not place my/our name on CVCC's mailing list.

DEMOGRAPHIC INFORMATION* (optional)

Gender(s):	Female <input type="checkbox"/>	Ethnic Background (Check all that apply) **Specify "Other" Here	African American	<input type="checkbox"/>
	Male <input type="checkbox"/>		Asian American	<input type="checkbox"/>
Age(s):			Caucasian	<input type="checkbox"/>
			Hispanic	<input type="checkbox"/>
			Native American	<input type="checkbox"/>
			**Other (specify)	<input type="checkbox"/>

YOUR CURRENT FARMING STAGE* (Check the one that best describes you)

<input type="checkbox"/>	I/we are <i>thinking about</i> starting a small farm business.
<input type="checkbox"/>	I/we are <i>actively planning</i> to start a small farm business within the next year or two.
<input type="checkbox"/>	I/we are <i>currently running</i> a small farm business and are in the process of restructegizing.
<input type="checkbox"/>	Other (please describe):

