REGISTRATION FROM
South Dakota Grazing School

Name:

_______________________________________________________________

Please choose the class you plan to attend: □ Class 1: __________ □ Class 2: __________

Operation/Affiliation: ____________________________________________

Address: _______________________________________________________

Phone: __________________________ Fax: ____________________________

Email: __________________________ Website: ______________________

Number of persons attending from your operation: __________ ($75 per additional person attending)

Amount Enclosed: _________ ($150 for SDGC members; $180 for non-members – which includes a one-year membership.)

Legal Description of your Operation:

_______________________________________________________________

______________________________________________________________________________

_____________________

* Please bring a map of the pasture/ground you manage for the Planning Your Own Place portion of the school.