



LIVESTOCK QUALITY ASSURANCE WORKSHOP REGISTRATION FORM

NAME _____ DATE _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____
NAME OF YOUR CLUB/CHAPTER _____

BEEF _____ SHEEP _____ SWINE _____ GOAT _____ SMALL ANIMAL _____

I WILL BE ATTENDING THE FOLLOWING WORKSHOP. . . . Space is limited, reserve early to assure seat.

_____ April 12, 2008 MOHAVE COUNTY EXTENSION OFFICE 9:00 A.M. - 12:00 (Noon)
Registration Form Due - April 4th
_____ June 27, 2008 PEACH SPRINGS Location Multiple Purpose Bldg. 6:00 P.M. - 9:00 P.M.
Registration Form Due - June 20th
_____ June 28, 2008 MOHAVE COUNTY EXTENSION OFFICE 9:00 A.M. - 12:00 (Noon)
Registration Form Due - June 20th

Please send to Mohave County Extension Office at 101 East Beale Street - Suite A, Kingman AZ 86401

Registration Fee is **\$10.00** Please make check **PAYABLE** to **Mohave County 4-H Leaders Council**.

No registration fee will be charged for Volunteer leaders. Amount Paid \$ _____ **By:** Cash ___ Check No. _____



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