

NORTHWEST LOWER MICHIGAN

CRAFT

Collaborative Regional Alliance for Farmer Training

Farmer Name(s):	
Farm/Business Name:	
Address:	
Address 2:	
City/State/Zip:	
Email Address:	
Phone Number:	
Tell us about your farm! What do you produce? To whom do you sell (CSA, market, restaurants, etc.)?	
What are your growing practices?	
First Intern name, phone and email:	
Second Intern name, phone and email:	
Third Intern name, phone and email:	
	(You can register as many interns as you like - just use more paper or email us the information)
Agreement:	I agree to give my interns the time to attend CRAFT workshops and field trips. I agree to host one CRAFT workshop, including farm tour and potluck, during the 2010 growing season. <input type="checkbox"/> YES <input type="checkbox"/> NO
If you have a workshop idea, please list it here.	
Which day of the week works best for participating in a CRAFT field trip?	
Please include any comments or questions here.	