

**2023 SOBA SPRING BEE SCHOOL REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**SATURDAY, APRIL 15, 2022 - 8:00am to 4:00 pm      COST: \$50**

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Cash/Check # \_\_\_\_\_

Select **ONE**:

I have NEVER had bees

I have/had bees

Please send this form and payment to:

SOBA % Cheryl Housden

P O Box 407

Wilderville, OR 97543

Questions? Call 541-862-1604 and leave a message. Your call will be returned as soon as possible.