

GAP/GHP Registration Form

Name: _____

Address: _____

Street

City/State/Zip

Contact Phone: _____

E-Mail Address: _____

Do you need this class presented in: _____ English _____ Spanish

Choose a date below:

_____ (English)

_____ (Spanish)

What is your relationship to Agriculture? _____

What is your position with your company? _____

How did you hear about this training? _____

There is **no** fee for this training. Mail your completed application to:

University of Arizona - Yuma County Cooperative Extension

2200 W. 28th Street, Suite 102 Yuma, Arizona 85364 (928) 726-3904