## **Beekeeping Skills Enrollment Form**

| First Name                                   |
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|  |
| Last Name                                    |
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| Email Address                                |
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| Phone Number                                 |
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| Beekeeping Experience Level                  |
|  |
| What are your goals for joining this course? |
|  |
|  |
| Preferred Days for Classes                   |
| •  |
| Comments or Questions                        |
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