

Lambing and Kidding School Registration

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____

E-mail _____

\$35 per person

\$10 for each additional family member

Number of people _____

Amount Enclosed _____

Make check payable to University of Maryland

Send to:

Western Maryland Research & Education Center

Lambing and Kidding School

18330 Keedysville Road

Keedysville, MD 21756

REGISTRATION DEADLINE IS DECEMBER 1.