



# Pasture Management Registration Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Partner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Acreage \_\_\_\_\_ Animal species \_\_\_\_\_

#of animals \_\_\_\_\_

Concerns or goals you have for your property/operation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration Fees included \$ \_\_\_\_\_

## Registration Fees

*\$185/person*

*Registration is open until February 4.*

*Refund requests will be honored until  
4:30pm, Tuesday, February 4.*

*Please return this form and a check or money order for the  
**correct amount** to:*

Jackson SWCD  
89 Alder Street  
Central Point, OR 97502  
(541) 423-6159