

## SOBA Bee School Registration Form

Name \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Cost: \$45

Please return form and payment to the Club Treasurer, or mail to

SOBA C/O Cheryl Housden  
PO Box 407  
Wilderville, OR 97543

Call us at 541-862-1604 if you have any questions. Leave a message and your call will be returned as soon as possible.