2025 SOBA SPRING BEE SCHOOL REGISTRATION FORM

Name			
Address			
City		_State	Zip
Email Address		Phone	
Please put me with m	y buddy/friend, if ap	oplicable:	
Buddy/Friend's Name	9:		
SATURDAY, A	PRIL 12, 2025 - 8	3:00am to 4	4:00 pm COST: \$50
Date	Amount Paid_		Cash/Check #
Select ONE : [] I have NEVER had bees [] I have/had bees			
Please send this form SOBA % Barb Watso P O Box 711 Grants Pass, OR 975 Questions? Call or te	n 28	d leave a me	essage.
Bee School location: Southern Oregon Res 569 Hanley Road Central Point OR 979		on Center	

Please do not call or email the Extension Center about Bee School. They will refer you to the SOBA Board or website.