



September 11 - 13,
2009

Registration Form

Name: _____

Gender (for housing purposes): Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Do you prefer correspondence through email or postal mail (please circle)?

Briefly describe your experience, if any, with herbs (growing, harvesting, medicine making, etc.).

Completed registration forms can be mailed, along with a non-refundable \$150 deposit check payable to Windy Hollow Farm.

Mail to: Windy Hollow Farm, Jennifer Ketring
PO Box 104, Point Arena, CA 95468
Call Jennifer at 707-353-0143 for more information.