



Hobby Gardener Series

Registration Form

Name _____

Address _____

City, State, Zip _____

Phone (to contact you if class is cancelled) _____

RESCHEDULED

Payment options:

A: _____ \$5 enclosed for class series (Oct. 27, Nov. 3, 10, and 17, 2009 classes)

B: \$ _____ enclosed for individual classes (\$2 each)

Indicate which individual classes you will be attending below:

_____ Oct. 27, What's making my plants sick? plant diseases

_____ Nov. 3, What's eating my plants? Insect pests

_____ Nov. 10, What's choking my plants? Weeds

_____ Nov. 17, Safer pest control: pesticide safety and alternatives

(Checks should be made payable to: Purdue CES Ed Fund)

Special needs: _____

Return this form with payment to:

Purdue Extension—Grant County
Grant County Office Complex
401 South Adams Street, Room 422
Marion, IN 46953