

2014

RIBA Bee School Registration

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

School attending: (circle one)

RIC Friday

RIC Saturday

Class fee is \$65 per person plus \$10 per person for each additional family member in the same household.

Number of people attending _____ Amount enclosed _____

Do you currently keep bees? (circle one) Yes No

Please make check payable to RIBA. Do not send cash.

Please mail this form along with check to:

RI Beekeepers Association

PO Box 64

Greenville, RI 02828

License Plate # _____

***Note to students attending classes at RIC. You must supply your license plate number. This will allow us to give you a parking pass.*