



Douglas County Wisconsin Tractor and Machinery Safety Course Registration Form

STUDENT INFORMATION

Name: _____	Telephone: (____) ____ - _____
Address: _____	Birth Date: ____ / ____ / ____
City: _____, WI Zip _____	Social Security # ____ - ____ - _____

THIS SECTION TO BE FILLED OUT BY THE PARENT/GUARDIAN

I agree to allow the student listed above to participate in the 2008 Douglas County Wisconsin Tractor and Machinery Safety Course. I understand that participation in this Douglas County UW-Extension program includes the supervised operation of farm equipment at an area farm and observing other equipment. I agree that the certified instructors have the right to limit a student's participation in any part of this course, if they deem that participation might result in an unsafe situation for the student or other course participants.

_____ Name of Parent/Guardian (Please Print)	_____ Signature of Parent/Guardian	_____ Date
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Enclosed is my payment of \$8

Make Checks payable to: Douglas County Treasurer

Please return your registration form and check as soon as possible. Class size is limited and registrations are accepted on a first received basis.

Mail to:

UW-Extension, Attn: Tom
Douglas County Courthouse
1313 Belknap Street, Room 107
Superior, WI 54880-2781

Course Schedule

Monday, June 16 8:30 am – 3:30 pm
Tuesday, June 17 8:30 am – 3:30 pm
Wednesday, June 18 8:30 am – 3:30 pm

Class locations to be announced.