

2012

RIBA Bee School Registration

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

School Attending: (circle one) Archie Cole ~~Davies/Lincoln~~ ~~URI/CBS/Kingston~~

Number of People Attending: _____ Amount Enclosed: _____

Do you currently keep bees? (circle one) YES NO

The class fee \$50 per person, plus \$5 per person for additional family members in the same household.

Please include a check for the full amount, made out to RIBA. Please do not send cash.

Please mail this form, along with check to:

RIBA

c/o Betty Mencucci

1777 Victory Highway

PO Box 684

Glendale, RI 02826