

**REGISTRATION FROM  
South Dakota Grazing School**

Name: \_\_\_\_\_

Please choose the class you plan to attend:  **Class 1:** \_\_\_\_\_  **Class 2:** \_\_\_\_\_

Operation/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Number of persons attending from your operation: \_\_\_\_\_ (\$75 per additional person attending)

Amount Enclosed: \_\_\_\_\_ (\$150 for SDGC members; \$180 for non-members – which includes a one-year membership.)

Legal Description of your Operation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Please bring a map of the pasture/ground you manage for the Planning Your Own Place portion of the school.**