

Registration Form  
South Dakota Grazing School

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

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Number of People attending from your operation: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ (\$300 for SDCG members; \$335 for non-members, which includes a one-year membership; \$150 for each additional person from the same operation.)

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.  
If you want us to print a map, let us know.**