



P.O. Box 77  
 Baraboo, WI  
 53913  
 (608) 355-0279  
 fax: (608) 356-7309

# THE Woodland SCHOOL

*Classes for new and experienced land stewards*

The Aldo Leopold Foundation  
 P.O. Box 77  
 Baraboo, WI 53913  
 Fax: (608) 356-7309

To register for one or more workshop, please complete this form and mail with a check, money order, or credit card information to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Acres owned in Wisconsin: \_\_\_\_\_

Please fill in the classes you wish to register for:

|                                                                                                               | Date | # of People | Cost Each     | Total Cost |
|---------------------------------------------------------------------------------------------------------------|------|-------------|---------------|------------|
|                                                                                                               |      |             |               |            |
|                                                                                                               |      |             |               |            |
|                                                                                                               |      |             |               |            |
|                                                                                                               |      |             |               |            |
|                                                                                                               |      |             |               |            |
|                                                                                                               |      |             |               |            |
| I would like to become a member of the Aldo Leopold Fdn.                                                      |      |             | \$35          |            |
| Please send my registration information by: <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail |      |             | <b>Total:</b> |            |

You will receive information about the class and directions to the site about two weeks before the class date.

**Credit Card Billing Information:**  *I have enclosed a check or money order payable to Aldo Leopold Foundation*

Name (as it appears on card): \_\_\_\_\_

My billing address is the same as above.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MasterCard  Visa

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please bill my credit card for a total of \$ \_\_\_\_\_

Signature: \_\_\_\_\_