

Yes, I am interested in doing my Farm Practicum as part of Triskeles' Food for Thought Program:
(We appreciate neat, legible printing on all forms!)

STUDENT'S NAME: _____

Home Contact Information:

Address: _____

City, State, Zip: _____

Phone: (____) _____ - _____ **Email Address:** _____

Parent(s)/Guardian(s) Names and Email Addresses: _____

Student's Date of Birth ____/____/____ **Grade:** _____ **GPA:** _____

Driver's License: Y N **Car available:** Y N

Farm/Garden Experience:

Farm Practicum Timeframe (2 weeks minimum, June 28th-July 26th, 2010):

Weeks of (circle two consecutive): June 28th July 5th July 12th July 19th July 26th

Other time(s) available: _____

We want you to understand the different program elements which you would be a part of and be able to commit whole-heartedly to all of them. Once you sign this form, we regard that as being firmly committed to participating: please do not back out of that commitment without very compelling reasons and full communications between all adults involved. Preference will be given to students who can do the whole month-long program. Stipends will be paid for time beyond your Farm Practicum requirement.

I understand the above and intend to commit to the time frames indicated.

_____ Student's Signature

_____ Student's Name (print)

_____ Parent's Signature

Please mail/fax to:

Mark Birdsall, Director of Youth Programs
Triskeles

707 Eagleview Boulevard Suite 105, Exton, PA 19341-1159

Phone: 610-321-9876 **Fax:** 610-321-0995

Email: mdbirdsall@triskeles.org **Website:** www.triskeles.org