



Date of Application: _____

Vermicompost Classroom Workshop

Teacher's Name: _____ **Phone:** _____

Teacher's E-mail: _____

School's Name: _____

School's Address: _____

Number of Students: _____

Grade Level: _____

Preferred Date(s) and Time(s) : _____ @ _____

_____ @ _____

Parking Instructions:

Special Information and Notes:

Would you like vermicompost bin left in the classroom for the students: **Yes** **No**

Signature of Applicant or Agent

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