Application Form (Application deadline September 14, 2016)

Space is Limited!

Please fill in this form if you are interested in participating. You will be contacted before the course begins with the application acceptance status. Refunds will be issued for any applications not accepted.

Name(s) (please list every participant’s full name): ________________________________________________________________

______________________________________________________________________________________________

Address: ____________________________________________________________________________________________

______________________________________________________________________________________________

Phone: __________________ E-mail: __________________________________________________________

Acres owned
Forested: _________________ Open: ________________

Do you have a current will? Yes ___ No ___

Have you investigated or otherwise initiated any other estate planning tools? Yes ___ No ___ Please explain: _______________________________________________________________________________________

Is your property currently enrolled in any of the following conservation tools?

_____ County Land Use Program _____ Conservation Easement

_____ Ag-Forestral District _____ Purchase of Development Rights

A significant focus of this short-course relates to working with family members. If accepted to the program, how likely are you to follow-through with the course workbook and work with other family members to initiate succession planning?

Not Likely 1 2 3 4 5 Very Likely

What barriers, if any, do you anticipate? _______________________________________________________________________________________

____________________________________________________________________________________________

Please save one or more spots for me/family as follows:

_____ $70.00 for an individual registration

_____ $70.00 (total) for 2 family members = family registration

_____ $35.00 each for ___ (please indicate how many) each additional family member(s), with a family registration.

_____ I’m committed to attending both sessions and completing the “homework” between sessions.

Make Check Payable to: “VCE-Madison County”

Please return application with payment to:

Va Cooperative Extension’s Northern District Forestry & Natural Resources, P.O. Box 10, Madison, VA 22727

Fax: 540-948-6883 Ph: 540-948-6881 E-mail: kjenk@vt.edu