



# Women's Cattle Handling Workshop Application



## PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

FARM NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE  
NUMBER:

EMAIL ADDRESS:

COUNTY:

## CATTLE EXPERIENCE

YEARS OF CATTLE  
EXPERIENCE

0-5  
6-10  
10+

TYPE OF FARM

Cow/Calf  
Stocker  
Feedlot/Finishing  
Other

NUMBER OF CATTLE:

ARE YOU A GEORGIA  
CATTLEMEN'S  
MEMBER?      YES  
NO

ARE YOU A  
VETERINARIAN?

YES  
NO

IF YES, HOW MANY YRS OF  
PRACTICE?

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HAVE YOU ATTENDED A  
PREVIOUS SOUTHERN  
WOMEN IN AG  
PROGRAM?

YES  
NO

ARE YOU BQA  
CERTIFIED?

YES  
NO

WHAT OTHER UGA  
EXTENSION BEEF /  
FORAGE PROGRAMS  
HAVE YOU ATTENDED?

BRIEFLY EXPALIN WHY  
YOU WOULD LIKE TO  
ATTEND THIS  
WORKSHOP.

BRIEFLY EXPALIN WHAT  
YOU WOULD LIKE TO  
LEARN/TAKE HOME  
FROM THIS WORKSHOP.

ADDITIONAL  
COMMENTS:

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**APPLICATIONS ARE DUE BY NOVEMBER 3, 2017. PLEASE MAIL OR EMAIL COMPLETED FORMS TO:**

CAROLE KNIGHT     [CLH@UGA.EDU](mailto:CLH@UGA.EDU)  
UGA EXTENSION - BULLOCH COUNTY  
151 LANGSTON CHAPEL ROAD, SUITE 600  
STATESBORO, GA 30458

**NOTE: YOU WILL BE NOTIFIED BY NOVEMBER 17, 2017 IF YOU ARE SELECTED TO PARTICIPATE IN THE WORKSHOP.**