

Summer Farm Days Registration Form

Please circle camp selection on opposite side
__ 1/2 day __ full day Age _____

Name of Camper _____

Parent Name(s) _____

Address _____

City/State/Zip _____

Phone 1 _____

Phone 2 _____

Email _____

My payment is enclosed for the summer
camp(s) I have selected. \$ _____

I wish to make a tax-deductible donation
to the Center for Urban Agriculture at
Fairview Gardens. \$ _____

Total Enclosed \$ _____

Make checks payable to Fairview Gardens.

Credit Card #: _____

Exp. Date: _____

Please Return Form To:
The Center for Urban Agriculture at
Fairview Gardens
PO Box 396
Goleta, CA 93116

Summer CSA now available
Call 805.967.7369

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