



## **Food Skills Workshop Registration Form: Edible Wild Plants**

\* Please fill in this registration form to the best of your ability. It will be kept private and used only to ensure your spot in the upcoming workshop.

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. Do you have any food restrictions that organizers should be aware of, including allergies?**

**2. Please rank and circle your prior understanding of the workshop topic, where 1 = little understanding, and 5 = very knowledgeable:**

1                      2                      3                      4                      5

**3. What do you hope to learn or gain by attending the workshop?**

**4. Photos and videos may be taken at the workshop. Do you consent to being photographed and/or filmed?**

yes                       No

**5. Please share any additional comments or suggestions that would assist in making this a positive workshop experience for you:**

Please return completed forms to:  
[corinnebrett@gmail.com](mailto:corinnebrett@gmail.com)  
660-0845