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| **Afir Logo.jpgBeekeeping Apprenticeship Program**  **Feb.-Oct. 2019 | Saidoun - Jezzine (South Lebanon)**  **Round 2** | | | | | | | | **Adaptation Bilingual.jpg** | | | | | |
|  | | | | | | | | | | | | | |
| **REGISTRATION FORM** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please fill the form below and send it by email to contact.soilslebanon@gmail.com **by February 9, 2019 at the latest**  **\*All fields are required - Write N/A where the information is not applicable** | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |
| **PERSONAL INFORMATION** | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. First name: |  | | |  | | | 3. Date of birth (DD/MM/YYYY) | | | | |  | |
|  | | | | | | | | | | | | | |
| 2. Last name: |  | | |  | | | 4. Gender(Male/Female) | | | | |  | |
|  | | | | | | | | | | | | | |
| **CONTACT DETAILS** | | | |  | | | **ADDRESS** | | | | | | |
|  | | | |  | | |  | | | | | | |
| 5.Mobile |  | | |  | | | 8. Caza | | | |  | | |
|  | | | | | | | | | | | | | |
| 6. Landline |  | | |  | | | 9. City or Village | | | |  | | |
|  | | | | | | | | | | | | | |
| 7. Email |  | | |  | | | 10. Street | | | |  | | |
|  | | | | | | | | | | | | | |
| **BEEKEEPING EXPERIENCE** | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 11. Have you completed a Beekeeping Introductory Workshop?(YES/NO) | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| *If yes, please state with whom and program covered.* | | | | | | | | | | | | | |
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| **FOOD/SAFETY INFORMATION** | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | |
| 12. Do you have specific diet needs or restrictions?(YES/NO) | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |
| *If YES, please specify (vegan, vegetarian, gluten-free, etc.)* | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |
| 13. Do you suffer from any allergies/chronic conditions?(YES/NO) | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |
| *If YES, please list your medication(s) and dosage* | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |
| IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT? | | | | | | | | | | | | | |
| 14. Emergency contact name | | |  | | | 15. Emergency contact tel. | | | | | |  |
|  | | | | | | | | | | | | | |
| **PARTICIPATION FEES** | | | | |
|  | | | | | | | | | | | | | |
| **Fees include tuition costs, training materials, and all meals/snacks** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Regular participants | | Session 1 (mandatory): $100  Sessions 2-7: $50 per session  Session 8: FREE - IF participants attend all 7 previous sessions  Total: $400 | | | | | | | | | | | |

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| Do you have any comments, questions or anything else you'd like to share with us? |
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| **For further questions and details, please email us: contact.soilslebanon@gmail.com or call +961-71-617988** |