

Grow Your Own Organic Food 2009

EXPRESSION OF INTEREST

Your Name

Your Address
and Postcode

Date of Birth

Telephone

e-mail

<i>Which course(s) do you wish to attend?</i>	
ORGANIC CULTIVATION Monday evenings 7 - 9 p.m.	
SOCIAL & THERAPEUTIC HORTICULTURE Tuesday evenings 7 - 9 p.m.	
INTRODUCTION to ALLOTMENTS Wednesday evenings 7 - 9 p.m.	
EXPLORING BIODYNAMICS Thursday evenings 7 - 9 p.m.	
EATING PERMACULTURE Friday evenings 7 - 9 p.m.	

Specific questions about the subject / course?

What topics do you want to know more about?

PERSONAL PROFILE

Briefly describe your growing space / garden.

How much experience of Organic growing do you have?

How much time can you devote to your gardening?

What motivates you to want to grow food Organically?

What are your growing aims and ambitions?

What do you most want to learn more about on this course?

Please tell me about your Qualifications, Employment, Lifestyle etc.

Please bring this form to the first session or return by post to:
Richard Clare, 41 b Burns Road, S6 3GL Thank you.