Application Form (Application deadline July 7, 2014)
Space is Limited!
Please fill in this form if you are interested in participating. You will be contacted before the course begins with the application acceptance status. Refunds will be issued for any applications not accepted.

Name(s) (please list every participant’s full name): ________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Address: __________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Phone: __________________ E-mail: _____________________________________________________

Acres owned Forested: _________________ Open: _________________

Do you have a current will? Yes ___ No ___

Have you investigated or otherwise initiated any other estate planning tools?
Yes ___ No ___ Please explain: _______________________________________________________

Is your property currently enrolled in any of the following conservation tools?
____ County Land Use Program ______ Conservation Easement
____ Ag-Forestral District __________ Purchase of Development Rights

A significant focus of this short-course relates to working with family members. If accepted to the program, how likely are you to follow-through with the course workbook and work with other family members to initiate succession planning?

Not Likely 1 2 3 4 5 Very Likely

What barriers, if any, do you anticipate? ________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please save one or more spots for me/family as follows:
____ $50.00 for an individual registration
____ $50.00 (total) for 2 family members = family registration
____ $25.00 each for ___ (please indicate how many) each additional family member(s), with a family registration.

____ I’m committed to attending both sessions and completing the “homework” between sessions.

Please return application with payment to:
Va Cooperative Extension’s Northern District Forestry & Natural Resources, P.O. Box 10, Madison, VA 22727
Fax: 540-948-6883 Ph: 540-948-6881 E-mail: slillard@vt.edu