



Organic Farm Tour Application

Name _____

Phone _____

Address _____

Email _____

Emergency Contact:

Name _____

Phone _____

Your doctor _____

Phone _____

Are you allergic to any foods yes___ no___ If yes, what foods? _____

Are you allergic to any type of bug bites yes___ no___ If yes, what type _____

*Disclaimer: Tour participants, including the actual participant(s) and/or his/hers/theirs natural parent and guardian and/or legal guardian, shall indemnify and hold harmless Southeastern Green Network Inc., aka SoGreen Network, it agents, representatives and employees from and against any damages, injuries, claims and expenses arising out of or resulting from any form of tour activities including but not limited to any "hands on" training exercises, consumption of meals provided by SoGreen Network and/or transportation provided by SoGreen Network before, during and after the tour. Tour participants, as defined herein, understand and acknowledge that all fees, deposits and any payments for the tour are non-refundable once tender of the same is made to Southeastern Green Network, Inc.

Signature

Signature SAAFON Staff

Please make payable to: Southeastern Green Network, Inc.

~ Mail to: P.O. Box 456, Savannah, GA 31402



For further information contact:

912-495-0591

saafon@comcast.net