



April 27-29, 2015

Canad Inns Fort Garry, Wpg

Registration deadline: March 15, 2015

Dairy Youth Management Workshop

Registration Fee: \$100 includes \$4.76 GST

Payment by cheque payable to MB Holstein Branch

Mail to Box 750, Blumenort, MB R0A 0C0

Registration Form

Section 1: Personal Information - Please fill in completely

Name of Applicant: _____	(Circle):	Male	Female
Address: _____	Date of Birth (M/D/Y): _____		
City: _____	Province: _____		
Postal Code: _____	Phone: _____		
Email: _____	Name for Name Tag: _____		
Jacket Size: _____	Food Allergies: _____		
Can you bring a laptop to use for the presentation? _____			

Section 2: Other Information (please check below, all that apply)

If you are from a dairy farming family - Herd Size, Breed(s): _____

If you are not from a dairy farm, what is your situation?: _____

Who is involved in the day-to-day operation of your farm? (circle) Family Employees Other

What strength(s) do you feel your farm currently has? (circle) Genetics Cropping Field Work

Herd Management Financial Management Marketing Other: _____

Where are your current areas of focus in the dairy industry? (circle) Cows Finance Agronomy

Genetics Showing Nutrition Sales / Service Other: _____

Check each of the following that applies to you:

View the milk cheque Involved in DHI Do your own cropping Use custom cropping

See the farm's income statement Are involved in the business planning process

Have a farm Action/Business Plan Are aware of Profit Profiler

Have started the succession planning process Have a completed succession plan

Participate in family/farm business meeting Member of a Breed Association (i.e. Holstein Canada)

What are your farming goals (if applicable)?

Describe how you would like to be involved within the Dairy Industry in the future:

What are you hoping to take home from this opportunity?

I certify that the information contained within the Application Form is a true and correct representation.
 I allow my name and photograph to be published in media coverage and promotion of this program.
 My signature below indicates that I agree to the release of this information.

Signature of Applicant: _____ Date: _____