



Beekeeping Certification Registration

Complete all sections. Type or print clearly.

Date _____

Name _____
Last First Middle Initial

Address _____
Number & Street Apartment # City State Zip Code

E-Mail _____ Cellular Phone () _____

Gender: Male Female *Date of birth ____/____/____
month day year

**Must be 16 years of age or entering sophomore year of high school before the start date of class.*

Which Beekeeping Certificate are you registering for?

Beginner Beekeeper Intermediate Beekeeper Advanced Beekeeper

Please print how you would like your name to appear on your certification: _____

All participants must earn 80% or higher to receive a certificate of completion for the course. Students will be graded on overall participation in the weekly discussions and a written exam. Students will not receive a certificate if they are absent for more than two sessions. There is no required textbook for this course. Supplemental reading materials will be provided by your instructors. For class dates, topics, instructor biography's and more information please visit: www.Lackawanna.edu/EnvironmentalEducation

Payment is due at the time of registration. The cost for each certificate program is **\$250**. Please make checks payable to **Lackawanna College**.

Please return registration and payment to:

**Lackawanna College
Environmental Education Center
93 Mackenzie Road, Covington Township, PA 18444
Phone (570) 842-1506**

Signature of Applicant _____

I certify the information appearing on this application is true and correct to the best of my knowledge & belief.