



Master Composter/Recycler Training Registration

(Use "save as" feature to save form to your own computer before filling out form and returning.)

Name: _____ Home Phone: _____

Address: _____ Daytime Phone: _____

City: _____ Zip: _____

Email: _____

The best times to reach you are (click all boxes that apply)

Mornings Evenings Weekdays Weekends

Briefly describe your own recycling/composting/gardening experiences: (200 characters)

Are you composting your yard and garden debris now? Yes No

Briefly list employment and volunteer experience: (200 characters)

Explain why you want to become a Master Composter/Recycler: (200 characters)

How did you learn about the Master Composter/Recycler Program? (200 characters)

In exchange for my training and materials, I agree:

- ***To complete all sessions and requirements of the 7-day training class including the Compost Fair (schedule is listed in the accompanying information letter)***
- ***To volunteer a minimum of 40 hours of my time to home composting/recycling community service***

Signed: _____ Date: _____

(If submitting this form electronically, signature will be required on the first night of class.)

Return completed registration form to:

Master Composter/Recycler Program
 The Spokane Regional Solid Waste System
 221 N. Wall, Suite 410
 Spokane, WA 99201
 Fax: 625-6537
 Email: kmajor@spokanecity.org
 For questions call 625-6521

The Master Composter/Recycler Program is a Volunteer Program of



Registration Deadline: March 16, 2012