



WEST VIRGINIA BEEKEEPERS ASSOCIATION

MASTER BEEKEEPING PROGRAM REQUEST TO PRESENT PROGRAM

(Please Print Clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Event requested: _____ Date: _____

Topic: _____

Description of presentation: _____

Anticipated audience size: _____

See the WVBA website and refer to the Master Beekeeping section for the current mailing address to submit the application.

To be completed by the Master Beekeeping Committee:

Approved/Rejected by: _____ Date: _____

Reason for Rejection: _____

Presentation Scheduled Date: _____