DEPOSIT FORM



PAY BY CHECK Please include invoice with payment.

*ENCLOSED IS A NON-REFUNDALE DEPOSIT FOR THE GEORGIA AGEOFIER EXPERIENCE VISIT FEE, IN THE AMOUNT OF:

*Refund can only be made if the event is cancelled due to pandemic or natural disaster Payment is for: Initial payment (at least 50%) Remaining Amount Please sign acknowledging the above statement. Make checks payable to Georgia Foundation for Agriculture. Organization of Payor: _____ Address ____ City, State, Zip Contact Full Name: _____ Contact Phone: Contact Email: _____ **Visit Details:** _____ Visit Number: ___ Date(s) of Visit: _ Name of School/Organization: _____ Name of County Farm Bureau: _____