

WINTER FOOD GROWING

This 11 week class utilizes a hands-on approach to organic methods of growing cool season food plants using a hoop-house through the study of soil ecosystem, variety selection, pest management, data collection, harvest, and storage.



Participants in this class will share in 50% of the food grown, while the remainder will be donated to the local HOPE (Helping Other People Eat) Food Pantry.

1:00 p.m. to 3:50 p.m., Wednesdays, January 11-March 21, in Clairmont 117.

Call Loretta at 503-594-3292 with ?'s.

Only \$30 fee for 11 weeks of instruction and bounty! Pre-registration necessary.

Campus map and driving directions:

<http://www.clackamas.cc.or.us/documents/campusmap.pdf>



QUICK ENTRY REGISTRATION FORM 2011-2012

Social Security # **or** Student I.D.# _____ Birthdate * _____ Today's Date _____

Name _____
Last First Middle Previous names

Mailing address _____
Street City State County Zip

Telephone _____
Home Work

High school attended _____
Name Location Graduation Date

SUMMER FALL
 WINTER SPRING

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security Number means that you consent to the use of the number in the manner described.

* If you're under 18, additional permissions may be required before you can register for classes.

Gender Male Female

Ethnicity Hispanic or Latino Not Hispanic or Latino

Race (Choose all that apply) American Indian/Alaska Native Asian
 Black or African America Native Hawaiian or other Pacific Islander White

Residency/Student Type (Required for tuition purposes)
 In State (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.) Immigrant Refugee Other
 Out of State
 US citizen and permanent resident outside of Oregon, CA, ID, WA, NV
 International visitor (B, J, H or other nonstudent Visa)
 International student (requires I-20)

Intended Academic Program
 Program Code/Title _____

Previous College Attendance
 Yes No
 Name of School _____

Reason for Enrolling
 Transfer classes Reading/writing/math skills
 Learn job skills Learn English language
 Update job skills Personal interest
 High school completion/GED Other
 Explore career/academics

Crs. Reg.#	Section No./Course Title	Credits/CEU	Time	M	T	W	Th	F	S	Room	Start Date	Crs. Fee/Tuition
216409	HOR-009-05 Winter Food Growing	3.3 CEU	1:00-3:50 pm			x				C 117	1/11/12	\$ 30

Payment by:
 VISA/Mastercard/Discover Check Cash Other

Card # _____ Exp. Date _____
 Name on card _____
 Signature _____

FAX to: 503-722-5864 or Mail to:
Registrar, Clackamas Community College
19600 Molalla Avenue
Oregon City, OR 97045-7998

A registration confirmation will not be mailed. Please verify your enrollment by going to cougartrax@clackamas.edu