

# Ontario Golf Course Pesticide Reporting

\* Required

## Your information

Please fill this out so we can contact you if we have any questions! If you have already filled this out, please indicate that below and then skip to the next section.

Have you already given us your information? \*

- Yes- skip to the next section
- No - proceed to fill it out

Your first and last name

Your answer

Your email address

Your answer

Your phone number

Your answer

Your school name

Your answer

City and province of your school

Your answer



The name of the teacher who referred you to this project

Your answer

Grade level

Your answer

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