



# SCHOOL OF AGRICULTURE

Plot 411B, Omofade Crescent,  
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AFFIX  
PASSPORT  
PHOTOGRAPH

## REGISTRATION FORM

Please complete each section in **BLOCK LETTERS**

NAME: \_\_\_\_\_  
*first name* *middle name* *surname*

GENDER: Male  Female  DATE OF BIRTH (Month and Day)

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

### COURSES (Please tick appropriately)

- CROP PRODUCTION
- ANIMAL HUSBANDRY
- FARM MANAGEMENT
- ONE-OFF MASTERCLASS
- VALUE CHAIN MANAGEMENT

Applicant Signature & Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

COMMENT:

FEE PAID: YES  NO  DATE RECEIVED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NAME OF OFFICIAL: \_\_\_\_\_

All payments should be made into: LASHONE LINKS FARM  Diamond 0074091817