



Processor Training Registration Form, 20____

NOTE: Completion of this training is mandatory for all processors registering for the 20____ hunter harvested venison donation program unless you attended training in a previous year.

Business name	Owner's name
Business address	Business mailing address (if different)
Who needs training (list all names)	
1.	
2.	
3.	
4.	
5.	

Training will be provided via internet or email source. Please indicate if you need the training material. A quiz must be completed and returned before we can approve your training as complete.

Signature _____ Date _____

MDA Approval	Date
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