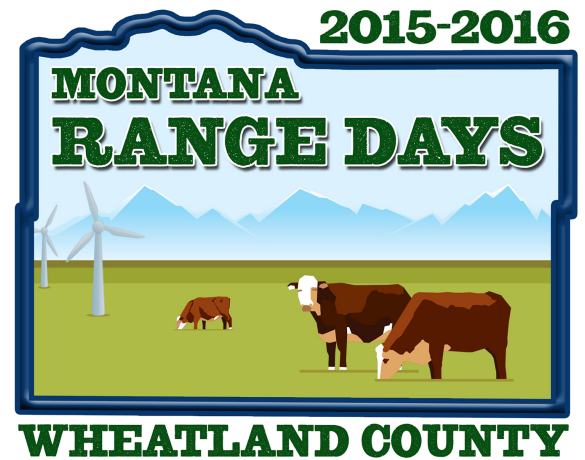


**Montana Range Days at Harlowton**  
**PO Box 201**  
**809 2nd Avenue, NW**  
**Harlowton, MT 59036**

**(406) 632-5534 x 101 Cheryl Miller**  
**www.montanarangedays.org**



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**For a Listing of Available Accommodations in Harlowton,  
Please see [www.montanarangedays.org](http://www.montanarangedays.org)**

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### **Registration Form**

Registration Fees cover workshop materials, tours and meals (Monday through Wednesday noon)

#### **Individual:**

To Register at the Family Rate there must be at least one parent or relative and one child in the group from the same family.

#### **Family:**

\*\* Those paying full registration fees as above can choose to attend workshops, tours and contests as desired, everything is included in the full registration fee, individual participation choices are yours to make. \*\*

#### **E-mail**

Please enter an e-mail address in the field above to receive confirmation of registration submission.

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### **Tour Only Fee**

**Tuesday AM**  
**Cream of the West, Rocky Mtn**  
**Griddle and ES Stone and**  
**Judith Gap Wind Farm Tour**  
**bus times will be announced**

**Tuesday PM  
Upper Musselshell Museum and  
Milwaukee Depot Museum  
bus times will be announced**

**Wednesday A.M.  
Dalmatian Toadflax and Leafy  
Spurge Tour  
bus times will be announced**

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**Make Checks Payable to:**

**"Montana Range Days c/o UMCD"**

You may submit your completed registration form on-line or print and mail  
along with your payment to:

Montana Range Days  
Upper Musselshell Conservation District  
PO Box 201  
Harlowton, MT 59036

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**Please fully complete the next section (one for each participant)**

**1 Name (First / Last):**

**1 Birth Date:**

**1 Age on June 15th:**

**1 Mailing Address:**

**1 City:**

**1 State:**

**1 Zip Code:**

**1 Phone #:**

**1 Cell Phone #:**

**1 Select your Division:**

**1 Indicate Team Name if  
Applicable:**





**\*Please Note\***

The Montana Weed Control Association will award Cash Prizes to the top collections in Lots 1-4.

To qualify for Cash Awards, Lots 1 & 3 must contain at least five noxious weeds.

Lots 2 & 4 must contain at least eight noxious weeds.

Noxious weeds are listed on the Montana Noxious Weed list found on the Montana Department of Agriculture Web-Site: <http://agr.mt.gov/agr/Programs/Weeds/>

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**3 Name (First / Last):**

**3 Birth Date:**

**3 Age on June 15th:**

**3 Mailing Address:**

**3 City:**

**3 State:**

**3 Zip Code:**

**3 Phone #:**

**3 Cell Phone #:**

**3 Select your Division:**

**3 Indicate Team Name if  
Applicable:**

**3 Please Indicate Participant  
Book Selection**

**3 First time attendant (only for  
youth and adult divisions):**

Yes  
No

**3 Special needs, handicap or  
medical:**

**3 Name of Adult present and  
responsible for you at Montana  
Range Days:**

**3 Cell Phone # of responsible adult:**

**3 Will you be presenting an Illustrated Talk?**  
(You may also sign up at MRD)

**Yes**  
**No**

**3 Will you be exhibiting any of the following?**  
(You may also sign up at MRD)

**Lot 1 Range Plant Collection, Present Year**  
**Lot 2 Range Plant Collection, Past and Present Years**  
**Lot 3 Range Weed Collection, Present Year**  
**Lot 4 Range Weed Collection, Past and Present Years**  
**Lot 5 Range Display by an Individual**  
**Lot 6 Completed 4-H Range Units**

**\*Please Note\***

**The Montana Weed Control Association will award Cash Prizes to the top collections in Lots 1-4.**

**To qualify for Cash Awards, Lots 1 & 3 must contain at least five noxious weeds.**

**Lots 2 & 4 must contain at least eight noxious weeds.**

**Noxious weeds are listed on the Montana Noxious Weed list found on the Montana Department of Agriculture Web-Site: <http://agr.mt.gov/agr/Programs/Weeds/>**

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**4 Name (First / Last):**

**4 Birth Date:**

**4 Age on June 15th:**

**4 Mailing Address:**

**4 City:**

**4 State:**

**4 Zip Code:**

**4 Phone #:**

**4 Cell Phone #:**







**5 Will you be exhibiting any of the following?**  
(You may also sign up at MRD)

**Lot 1 Range Plant Collection, Present Year**

**Lot 2 Range Plant Collection, Past and Present Years**

**Lot 3 Range Weed Collection, Present Year**

**Lot 4 Range Weed Collection, Past and Present Years**

**Lot 5 Range Display by an Individual**

**Lot 6 Completed 4-H Range Units**

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**6 Name (First / Last):**

**6 Birth Date:**

**6 Age on June 15th:**

**6 Mailing Address:**

**6 City:**

**6 State:**

**6 Zip Code:**

**6 Phone #:**

**6 Cell Phone #:**

**6 Select your Division:**

**6 Indicate Team Name if Applicable:**

**6 Please Indicate Participant Book Selection**







**8 Cell Phone # of responsible adult:**

**8 Will you be presenting an Illustrated Talk?**  
(You may also sign up at MRD)

**Yes**  
**No**

**8 Will you be exhibiting any of the following?**  
(You may also sign up at MRD)

**Lot 1 Range Plant Collection, Present Year**  
**Lot 2 Range Plant Collection, Past and Present Years**  
**Lot 3 Range Weed Collection, Present Year**  
**Lot 4 Range Weed Collection, Past and Present Years**  
**Lot 5 Range Display by an Individual**  
**Lot 6 Completed 4-H Range Units**

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**9 Name (First / Last):**

**9 Birth Date:**

**9 Age on June 15th:**

**9 Mailing Address:**

**9 City:**

**9 State:**

**9 Zip Code:**

**9 Phone #:**

**9 Cell Phone #:**



**\*Please Note\***

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