

Oklahoma Sod Producers Association  
2014 Sod Producer Registration for "Oklahoma Sod Field Days"  
October 3rd - 4th, 2014

10717 S Delaware Ave  
Tulsa, OK 74137  
(918)299-7743  
(918)298-5502 Fax  
info@ospa.us  
<http://www.ospa.us>

**Please Register by September 3, 2014.**

**Sod Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Telephone Number:** \_\_\_\_\_

**Mailing Fax Number:** \_\_\_\_\_

**Mailing Email Address:** \_\_\_\_\_

**Physical Information Same as Mailing Information Above**

**Physical Address:** \_\_\_\_\_  
\_\_\_\_\_

**Physical Telephone Number:** \_\_\_\_\_

**Physical Fax Number:** \_\_\_\_\_

**Physical Email Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Contact Fax Number:** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

Oklahoma Sod Producers Association  
 2014 Sod Producer Registration for "Oklahoma Sod Field Days"  
 October 3rd - 4th, 2014

10717 S Delaware Ave  
 Tulsa, OK 74137  
 (918)299-7743  
 (918)298-5502 Fax  
 info@ospa.us  
 http://www.ospa.us

**Sod Company Name:** \_\_\_\_\_

		<b>Amount</b>
<b>Registration Fee:</b>		\$150.00
		<b>Number Attending</b>
<b>Friday Admission:</b>	\$25.00 per person _____ @ \$25.00 each	_____
Includes BBQ Dinner	Children 2 & under Free _____ @ Free	_____
<b>Saturday Admission:</b>	\$10.00 per person _____ @ \$10.00 each	_____
Includes Lunch	\$6.00 3-7 year olds _____ @ \$6.00 each	_____
	Children 2 & under Free _____ @ Free	_____
		<b>Total Amount Due</b>

**Please send your check to OSPA at the above address for the total amount:** \$ \_\_\_\_\_

**Attendees - Please list each person separately for name tags. (Please Print Legibly)**

**Name:**

**Please Check One:**

_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Family

Number of Employees and their Family Attending: \_\_\_\_\_

Oklahoma Sod Producers Association  
2014 OSPA Member Directory for "Oklahoma Sod Field Days"  
October 3rd - 4th, 2014

10717 S Delaware Ave  
Tulsa, OK 74137  
(918)299-7743  
(918)298-5502 Fax  
info@ospa.us  
http://www.ospa.us

**2014 OSPA Member Directory Publication**

This year we are again having an OSPA Member Directory for your reference and convenience.

Please make sure **all information is accurate**. Please note this information on this form **will be published**. Any information you **do not** want published **should not appear on this form**. Also note that submissions, additions, and changes **cannot be accepted after September 3rd, 2014** due to necessary publishing time.

Please print legibly.

Sod Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Telephone Number: \_\_\_\_\_

Mailing Fax Number: \_\_\_\_\_

Mailing Email Address: \_\_\_\_\_

Physical Information Same as Mailing Information Above

Physical Address: \_\_\_\_\_

Physical Telephone Number: \_\_\_\_\_

Physical Fax Number: \_\_\_\_\_

Physical Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Contacts - Please include any information you would like published. For each contact, list the type of communication (Phone #, Mobile #, Fax #, Email, etc.) followed by the contact information.

Contact 1: Name: \_\_\_\_\_

Info Line 1: \_\_\_\_\_

Info Line 2: \_\_\_\_\_

Info Line 3: \_\_\_\_\_

Contact 2: Name: \_\_\_\_\_

Info Line 1: \_\_\_\_\_

Info Line 2: \_\_\_\_\_

Info Line 3: \_\_\_\_\_

Contact 3: Name: \_\_\_\_\_

Info Line 1: \_\_\_\_\_

Info Line 2: \_\_\_\_\_

Info Line 3: \_\_\_\_\_

Contact 4: Name: \_\_\_\_\_

Info Line 1: \_\_\_\_\_

Info Line 2: \_\_\_\_\_

Info Line 3: \_\_\_\_\_

Contact 5: Name: \_\_\_\_\_

Info Line 1: \_\_\_\_\_

Info Line 2: \_\_\_\_\_

Info Line 3: \_\_\_\_\_

**Publication Deadline is September 3, 2014.**