



ENTRY FORM

YES, I support LOCAL and took the Eco Challenge.

Name: _____

Address: _____

Phone: _____ Email: _____

How did you do it?

- | | | |
|---|-----|----|
| • Did you grow food items? | YES | NO |
| • Did you freeze or store summer produce? | YES | NO |
| • Did you attend any supporting seminars or workshops? | YES | NO |
| • Did you buy more local items? | YES | NO |
| • Did it raise your awareness of locally-made produce? | YES | NO |
| • Do you think you will continue with all or some of the changes? | YES | NO |
| • What changes will you continue with? | | |

What was the hardest part?

Please turn over ...



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ECO CHALLENGE

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