



# Hazelnut Trial Application Form

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of hazelnut trees wanted:

**Please detail:**

1 Experience you have of caring for young fruit/nut trees:

2 The reason you wish to be part of this trial:

3 Location in the Rotorua Groundwater Catchment where the trees will be planted (if different from address above):

4 Please tick if you would like to share your contact details with other trial participants