

# Team Member Information

Meeting One Date \_\_\_\_\_ Farm \_\_\_\_\_

Check the box by the person who will be the team facilitator.

 **Producer Information**

Owner Name(s): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

 **Veterinarian Information**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

 **Dairy Field Representative Information**

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

Dairy Representing: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

 **University of Wisconsin Extension Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**★Send in original of this form after first meeting**

**Team Member Information (Continued)**

Additional Team Information

 **Milking Equipment Consultant**

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

Representing: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

 **Nutritional Consultant**

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

Representing: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

 **Other**

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

Representing: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

 **Other**

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

Representing: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

 **Other**

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

Representing: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County \_\_\_\_\_

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