



Grape Growers
of ONTARIO

Grape Growers of Ontario Registration Form

Office Use Only

Grower # _____

District # _____

Company Information:

Company Name:		Production Type: <input type="checkbox"/> Wine <input type="checkbox"/> Juice
Mailing Address:		
City:	Postal Code:	Phone Number:
Fax:	Cell Phone:	Email:

Vineyard Address:

Vineyard Address:		
City:	Township:	Lot:
Concession:	Postal Code:	Owned <input type="checkbox"/> Leased

Primary Contact:

Name:	Title: (ex. Owner, manager etc)
Phone/Cell:	Email:

Secondary Contacts:

Name	Title	Phone	Email

Please complete the entire form and return by mail, fax or email. When this information is received, we will call you with your grower number. You will need this number when you are delivering your grapes to a winery and/or a juice processor.

GRAPE GROWERS OF ONTARIO
P.O. Box 100
Vineland Station, ON L0R 2E0
Phone: (905) 688-0990
Fax: (905) 688-3211
Email: info@grapegrowersofontario.com

New Block Form

Staff Name: _____

Date Collected: _____

Enterprise Name	DMS#	GGO#
-----------------	------	------

Vineyard Information:

Vineyard Name	Vineyard ID	
Street	City	Geo-Township

Block Information (as applicable):

Block Name	Where were vines purchased (Nursery):	
Planting Date	# of Vines	Variety
Variety Clone	Rootstock	Organic Cert. (y/n)
Row Spacing	Plant Spacing	# of Rows
Orientation of Tiles	Width Btw Tiles	Training System

Block Information (as applicable):

Block Name	Where were vines purchased (Nursery):	
Planting Date	# of Vines	Variety
Variety Clone	Rootstock	Organic Cert. (y/n)
Row Spacing	Plant Spacing	# of Rows
Orientation of Tiles	Width Btw Tiles	Training System

Block Information (as applicable):

Block Name	Where were vines purchased (Nursery):	
Planting Date	# of Vines	Variety
Variety Clone	Rootstock	Organic Cert. (y/n)
Row Spacing	Plant Spacing	# of Rows
Orientation of Tiles	Width Btw Tiles	Training System