



## 2-Frame Manual Metal Honey Extractor

Please complete the application below and include \$50 deposit,  
payable to UT Extension Scott County

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

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

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

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

### Scott County Beekeeper Agreement:

I hereby agree, as a member of the Scott County Beekeepers Association, that I will provide a \$50 deposit for two full business days. Upon return of honey extractor, \$30 will be reimbursed given equipment is clean. By signing this agreement, I acknowledge that it is my responsibility to return equipment in the same condition.

X \_\_\_\_\_

Beekeeper Signature

\_\_\_\_\_

Date

X \_\_\_\_\_

Witness Signature

Scott County UT Extension • (423) 663-4777 • annlgaff@utk.edu  
2845 Baker Hwy. • P.O. Box 470 • Huntsville, TN 37756