



Office Use Only

Grower # _____

District # _____

Grape Growers of Ontario Registration Form

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

Please indicate which varieties are currently on the farm(s) as well as the number of vines, total vines, total acres and their age								
Variety	# Vines					Total Vines	Total Acres	
	1 Year	2-3 Years	4-8 Years	9-24 Years	24+ Years			
Vinifera (Classes 9-10)								
(continued)								
Kerner								
Morio Muscat								
Muscat Ottonel								
Pinot Blanc								
Pinot Gris								
Riesling Traminer								
Sauvignon Blanc								
Scherebe								
Sirah								
Syrah								
Shiraz								
Viognier								
Welsch Riesling								
Other White Vinifera								
Cabernet Franc								
Cabernet Sauvignon								
Dornfelder								
Gamay								
Merlot								
Petite Sirah								
Pinot Meunier								
Pinot Noir								
Zweigeltrebe								
Other Red Vinifera								
Total								