

[Date]

[Worker Full Name]  
[Worker ID Number]  
[Address]

# Confirmation of Registration: Agricultural Seasonal Worker Program

Dear [Worker Name],

This letter confirms that you have been successfully registered as a seasonal agricultural worker for the [Year/Season] season.

## Employment Details:

- **Employer:** [Farm or Company Name]
- **Location:** [Worksite Address/Region]
- **Start Date:** [Date]
- **End Date:** [Date]
- **Primary Crop/Role:** [Type of Work]

## Next Steps:

1. Attend the safety induction on [Date] at [Time].
2. Bring original identification documents and work permits.
3. Report to [Supervisor Name] upon arrival.

Please keep a copy of this letter for your records. If you have any questions, contact the recruitment office at [Phone Number] or [Email].

Sincerely,

[Signature]  
[Name of Authorized Officer]  
[Title]  
[Organization Name]