TRAINING & SERVICE RECORD

DENTON COUNTY EXTENSION
*MASTER GARDENER **INTERN***

NAME: _____ **EMAIL:** _____ **PHONE:**_____**CLASS YEAR:**_____

DATE	*PROJECT/ACTIVITY/EVENT*	*# of TRAINING HOURS*	*# of TRAINING HOURS ACCUMULATED*	*# of SERVICE HOURS*	*# of SERVICE HOURS ACCUMULATED*	*# OF PEOPLE CONTACTED*

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