

Your Name	
Phone #	
Email:	
Date Submitted:	

#2 - MASTER GARDENER PROGRAM SINGLE EVENT REPORT FORM

NOTE: Please submit this completed form to the Association President **PRIOR** to the event or project. Approval is **REQUIRED** before any Master Gardener activity.

Date of Program of	c Event:					
Approx. Length of	Activity					
MG Presenter(s):						
	Atter	ndance breakdow	vn: Total attendance	2		
Caucasian	African A	merican	Hispanic	_Asian	Other	
Females	Males	Youth				
			chita County Office			
			0 Scott St. Ste.200 ita Falls, Texas 76301			
			8610 / Fax 940-716-8615			
Melba Flinn		Katrena	Mitchell	David Gr	af, Co Ext Agent	
		xtension Agent	County Coordinator			
		uth Development nitchell@ag.tamu.edu	Natural Resources/Ag cdgraf@ag.tamu.edu			

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