

MASTER GARDENER TRAINING

To register please complete and send this form along with payment of **\$165.00**
to:

Texas A&M AgriLife Extension Service

P.O. Box 188

Centerville, TX. 75833

Name: _____

Address: _____

E-Mail Address: _____

Home Phone: () _____

Work Phone: () _____

1. Please describe your garden background including degrees obtained or courses taken.

Please circle any of the following in which you would be interested in.

- A. Giving public presentations on gardening
- B. Working with youth on gardening
- C. Working in the Research Garden, or other gardening projects
- D. Assisting in the office during the Agent's absence

*****See back of this page*****

3. Please list specific skills gardening or others.

4. How did you find out about the Master Gardener Program?

(circle one)

1. Radio

2. TV

3. Newspaper

4. Word of Mouth

5. Internet