

# 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.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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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