



Your Name _____
Phone # _____
Email: _____

MASTER GARDENER PROGRAM SINGLE EVENT REPORT FORM

Please submit this info as soon as possible following the event. Do what is easiest for you; Call 940-716-8610, Email: gina.karbiner@ag.tamu.edu or Text to 806-717-0171

Date of Program or Event: _____
Approx. Length of Activity _____
MG Presenter(s): _____
Presented to: _____
Location: _____
Program Title & Description _____

Attendance breakdown: Total attendance _____

Caucasian _____ African American _____ Hispanic _____ Asian _____ Other _____
Females _____ Males _____ Youth _____

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