

**SAMPLE
ONLY**



County 76 Advanced Master Gardener Training

Topic: _____

REGISTRATION FORM

Date: _____

Registration Fee: _____

Deadline for Registration: _____

Advanced Master Gardener classes are offered to Master Gardeners who have been in good standing in an Arkansas county for at least three years (since 2016). Current County Membership: _____

What year did you train to become a Master Gardener? _____

Is this your first Advanced Training Class? ____ Yes ____ No

Are you an Active Master Gardener? ____ Yes ____ No *(Priority will be given to active Master Gardeners)*

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Amount enclosed: \$ _____

E-mail address (All correspondence is by e-mail): _____

Location of Training: _____

Please choose one Lunch choice:

- _____
- _____
- _____

Do you have special dietary needs? ____ Diabetic ____ Gluten Free ____ Other

Emergency contact person: _____ **Phone:** _____

Return registration form & check or money order for \$ _____ / person payable to _____ County CES.

Mail to: _____ County Extension Office
 Attn: _____, Advanced MG Training
 Address: _____
 City: _____ St: _____ Zip: _____

For more information, contact: _____ Phone: _____

Email: _____

Participants must attend the entire class and personally receive their Certificate of Completion at the end of the session to receive advanced training credit.

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