

Master Gardener Speaker Summary

Please complete this form each time you speak or present a program and when volunteering as a Master Gardener but not at a regularly scheduled clinic.

Your Name: _____ Presentation Date: _____

Group: _____ Presentation Time: _____

Location: _____ Preparation Time: _____

_____ Total Time: _____

Audience Total: Men _____ Women _____ Total _____

White	Black	Native American	Asian	Other

Title and Topic (summary):

MG Co-Speaker(s): _____

The above information is needed for county, state and federal Civil Rights Reports and budget requests. Please take the time to record the information accurately. Return to Peg Tillery, Horticulture Educator.