

REGISTRATION FORM
MASTER GARDENER LEVEL 1 PROGRAM

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ HOME CELL WORK

PHONE: _____ HOME CELL WORK

EMAIL: _____

CLASS YEAR APPLYING FOR: _____ Classes – February through May

Registration fee of \$200, due upon acceptance into the program. NON-REFUNDABLE

Email this form to: ladyroze@sbcglobal.net

Or mail this form to:

Extension Outagamie County
Master Gardener Level 1 Program
3365 W Brewster Street
Appleton, WI 54914

I understand that 10 hours of professional development (education), 24 hours of volunteer service, and annual dues are required each year to remain certified.

SIGNATURE: _____ DATE: _____