



County 76 Advanced Master Gardener Training
Topic: _____

REGISTRATION FORM

Date: _____ Registration Fee: _____

Registration Deadline: _____

Advanced Master Gardener classes are offered to Master Gardeners who have been in good standing in an Arkansas county for at least three years (prior to July 1 _____ or after July 1 _____) *.

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 select your lunch by clicking the preceding box:

Three empty checkboxes with lines for selection.

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:

Name: _____ Phone: _____ Email: _____

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

*Effective 11/18/2020 for AT classes, 1 year shall be counted as follows: If trained prior to July 1st, one year will be counted December 31 of the same year as your training. If trained after July 1st, one year will be counted December 31 of the following year of your training.

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