Georgia Master Naturalist

2024 Registrat on Form

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APPLICANT INFORMATION								
Last Name	First	M.I.	Date					
Street Address		Apt/Unit#						
City	State	Zip						
Phone	Email							
Af liat on (if any)								
How did you hear about the program?								

REGISTRATION & PROGRAM INFORMATION								
Cost: \$250								
Send payment and this form by March 23 to: Athens-Clarke County Extension 275 Cleveland Rd				Name for name bac	lge:			
Bogart, GA 30622								
Make checks payable to:								
Athens-Clarke County Extension								
There will be no refunds af er M&rch 1st, 2024.	g	is	3	С) a			