



AnyCountyCooperativeExtension
123Main Street
YourTown, Ga30000

Master Gardener Extension Volunteer Educational Activity Report

(To be completed by committee chair or project coordinator only)

I. BASIC INFORMATION

Program/Activity/Event Title: _____

Chair/Coordinator _____

Lecture Title(s): _____

(if a presentation was given)

Location: _____

Start Date: _____ End Date: _____

II. GENERAL CONTACT INFORMATION

Audience Demographics (if known):

Male Female



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IV. VALUE AND COMMENTS

In-Kind support (\$ value, if known):

Funds Donated (\$ value, if any):

