

ISU/Mills County
Registration Form for Master Gardener Training
September/October 2010

Please Print

NAME _____

ADDRESS _____

ZIP _____ PHONE (home) _____ (work) _____

E-MAIL _____

Personal experience or interest in gardening. Please explain:

Related training or experience in flowers, vegetables, ornamentals, lawns, house plants, greenhouses, hydroponics, etc. Please explain:

Other volunteer programs you are or have been affiliated with. Please explain:

Please check upon completion:

- I understand that upon completion of Master Gardener training, I will be expected to give a minimum of 40 hours of public service to ISU Extension to become fully certified as an Iowa Master Gardener.
- I have enclosed my \$150.00 registration fee. Check made out to "Mills County Extension"
- I am registering with my spouse and have included the registration fee of \$225.00 for both of us.

Signature _____

Date _____

Send to:
ISU/Mills County Extension
Attn. Denise Fikes
P.O. Box 430
Malvern, IA 51551

Or Fax to: 712/624-8228