

ONE TIME SINGLE PRESENTATION / EVENT

FOR MASTER GARDENER VOLUNTEER ASSISTANCE

**Request Date:**

**Requester:**

Name: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Email:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_

Type of Request: Presentation: \_\_\_\_\_ Project: \_\_\_\_\_ Event: \_\_\_\_\_ Other: \_\_\_\_\_

Please provide a detailed description of presentation / event.

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Presentation / Event Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_ End Time: \_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Presentation/ Event: \_\_\_\_\_\_\_\_\_\_ Materials Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is this a public location, free and accessible to all residents? YES NO

\*All Presentation / Event materials are the sole responsibility of the requester. Some exceptions may apply.

**Please Submit Completed form to this address:**

Kenosha County UW Extension

Attn: Master Gardeners

19600 75th Street, Suite 2

Bristol, WI 53104

Phone: 262-857-1945