

# SouthEast Wisconsin Master Gardeners

## “Gardening for Life” Program Request and Report

*Please complete and submit this form to the Lifelong Gardening Project Chairperson.*

<b>PROGRAM TYPE:</b>	<input type="checkbox"/> Presentation <input type="checkbox"/> Exhibit <input type="checkbox"/> Activity <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
Program Date:	Time:	Number Expected:	
Program Location:			
Requesting Organization:			
Contact Person Name:			
Email Address:	Phone:		
Mailing Address:			
<b>Space and Equipment</b>			
Type of Display:	<input type="checkbox"/> Display Board <input type="checkbox"/> Tabletop <input type="checkbox"/> Floor <input type="checkbox"/> Tools (complete checkout form)		
Table:		Chairs:	
Organization to Provide:	<input type="checkbox"/> Laptop Computer <input type="checkbox"/> Projector <input type="checkbox"/> Screen <input type="checkbox"/> Microphone		
LLG Needs to Bring:	<input type="checkbox"/> Laptop Computer <input type="checkbox"/> Projector <input type="checkbox"/> Screen <input type="checkbox"/> Microphone		
Other Supplies:			
Volunteer(s)/Staff to Do:			
<b>Handouts</b>		<b>Provided</b>	<b>Used</b>
Basic Information to Enable the Gardener (3-pages)			
Gardening Exercises and Body Mechanics (tri-fold)			
Lifelong Gardening Tips (tri-fold)			
<b>LLG Items Pick Up Date:</b>	By Whom:		
<b>LLG Items Return Date:</b>	By Whom:		
<b>PROGRAM REPORT</b>			
Presenter(s):			
Honorarium:	\$ (Check made payable to SEWMG and submitted to treasurer)		
Demographics:	Female:	Male:	Total Participants:
	Seniors:	Youth:	
Comments about the program, sponsor, venue, audience:			