MG SPROUTS REGISTRATION FORM

University of Georgia Cooperative Extension in _____ County is offering MG SPROUTS to youth in age 6-8 This literature-based exploration of gardening offers participants the opportunity to learn more about plants, gardens, and their benefits.

Each of the six sessions is led by Master Gardener Extension Volunteers. Parents or guardians are encouraged to bring participants to the meeting site and stay in the general vicinity of the activities, but are not required to participate.

DATES:

TIME:

LOCATION:

COST:

_____ Yes! I would like my child to participate!

MG SPROUTS
Horticulture Activities for Kids

PARTICIPANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

I certify that my child is participating in 4-H with my knowledge and consent. I give permission for my child's images, likeness, and voice to be used by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia in print or electronic form.

_____

PARENT OR GUARDIAN Signature and date

_____

Printed Name

FOR OFFICE USE ONLY

____ received ___/____/____

____ check # _____ amount $_____

____ 4-H Code of Conduct

The University of Georgia and Ft. Valley State University, the U.S. Department of Agriculture and counties of the state cooperating. Cooperative Extension, the University of Georgia College of Agricultural and Environmental Sciences, offers educational programs, assistance and materials to all people without regard to race, color, national origin, age, gender or disability.
The University of Georgia is committed to principles of equal opportunity and affirmative action.