MG SPROUTS Session Report

Session Leader: Please complete this form after each meeting and return it to the Extension office. Attach the Program Participant Sign-in Sheet for this session. The MG Sprouts Project leader will use this information to complete the Master Gardener Activity Report for the six-session project.

Project Name: MG Sprouts

Session #_____

Session Date _____

Who was present? Indicate the number who were:

_____ Adult volunteers _____ Youth _____ Parents/Other Adults

VOLUNTEERS THIS SESSION	HOURS	
NAME	TEACHING	PREP/SUPPORT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Value of materials or monetary donations this session:

Other notes:

This form was completed by: _____