



**2017 MASTER GARDENER LEVEL 1 TRAINING REGISTRATON FORM**

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

Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Would you like to receive text message updates and reminders?**

- No
- Yes. My carrier is \_\_\_\_\_.

Email: \_\_\_\_\_

**Do you need any reasonable accommodations to participate because of a disability or other limitations?**

- No
- Yes. Please describe here or contact our office as soon as possible:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

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**Program cost: \$90 Make checks payable to UW-Extension**

**\*\*Please include Background Check Consent form, Application Form, UW-Extension Volunteer Behavior Expectations along with Registration Form.**

**Return with payment to:**

**UW-Extension  
Attn: MG Training  
400 University Dr.  
Fond du Lac, WI 54935**

**Or**

**Deliver in person to the UW-Extension office:  
Rm. 227 Administration/Extension Bldg.  
University of Wisconsin – Fond du Lac**

**For questions or more information contact:**

**Tina Engelhardt  
920-929-3171  
[tina.engelhardt@ces.uwex.edu](mailto:tina.engelhardt@ces.uwex.edu)**

*If you need an interpreter, materials in alternate formats or other accommodations to access this program, please contact us as soon as possible so that proper arrangements can be made in time.*