Junior Gardener Program Request Form ***Please complete a separate form for each program requested.***

Programs limited to grade levels and dates as indicated in the brochure. These programs fill quickly and are booked on a first-come, first-served basis! Visit us online at https://www.udel.edu/academics/colleges/canr/cooperative-extension/environmental-stewardship/master-gardeners/junior-gardener/ to download a request form, complete, and e-mail to Harolyn Temeng, htemeng@udel.edu (subject heading: JG Request). You can also fax this form to 302-831-8934 or mail to: Junior Gardener Program, UD Cooperative Extension, 461 Wyoming Road, Room 131, Newark, Delaware 19716.

Date	

Contact Information (please use ink)

Requestor's Name		Position			
School Name		Work Phone			
Address (mailing)		Home Phone			
City		State		Zip	
Email Address for future Junior Gardener mailings (required)					

Program Specifics* - ***Complete a separate form for each program requested. Please note that if you are requesting our "Living Tree House" program you do not need to provide dates at this time.***

Program title							
List three dates in order of preference- specify morning or afternoon. (Requesting "Living Tree House"? Dates do not need to be provided at this time.)	1st		2nd		3rd		

Grade(s)		No. of classes		Total no. students		No. teachers		No. other adults	
Check all that apply:	☐ Special Ed.		☐ Gifted & talented		☐ Homeschool		☐ Other		

List names and contact info for other teachers/leaders involved with this presentation:**

Name		Work Phone		Home Phone	
Name		Work Phone		Home Phone	
Name		Work Phone		Home Phone	

Presentation location(s): Building/Room		Building/Room	

***To be most effective, presenters will need to know if their presentation is a preview, or a review, of the curriculum's unit.**

**** It is necessary for teachers to be in the classroom to monitor the conduct of their students during the presentation. If a teacher is not present, the class will not be conducted. Please see *Suggested Guidelines for Teachers*.**

"This institution is an equal opportunity provider."

UNIVERSITY OF DELAWARE
COOPERATIVE EXTENSION

Please provide the following information with your Junior Gardener program request.

Program Requested: _____
School: _____
Teacher: _____

Grade(s) participating (please circle):

K 1 2 3 4 5 6 7 8

Expected Number of Adults Participating:
_____Male _____Female
_____White
_____Black
_____Hispanic
_____Asian/Pacific Islander
_____Native American

Expected Number of Youth Participating:
_____Male _____Female
_____White
_____Black
_____Hispanic
_____Asian/Pacific Islander
_____Native American