

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, hstemeng@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:	<input type="checkbox"/> Special Ed.		<input type="checkbox"/> Gifted & talented		<input type="checkbox"/> Homeschool
	<input type="checkbox"/> 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."



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 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