

**Junior Gardener Program Request Form**

**Complete a separate form for each program requested.**

Programs limited to grade levels and dates as indicated in the brochure. These programs fill quickly—programs are booked on a first-come, first-served basis! Visit us online at <http://extension.udel.edu/lawngarden/nccmg> to download a request form (2 pages), complete, and e-mail to Sharon Lucabaugh, [sharonlu@udel.edu](mailto:sharonlu@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					
<b>Contact Information (please use ink)</b>					
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.**

Program title									
List three dates in order of preference- specify morning or afternoon:	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.**



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“This institution is an equal opportunity provider.”

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 Special Ed. Gifted/Talented

**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



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