

**Summerland Master Gardeners Association
Record of Master Gardener Event (Green form)**

This form is to be returned to the Overall Clinic Coordinator (Joy Campbell) *within one week of the clinic* with question and answer lists attached.

Date of Event _____

Host Venue _____

Address _____

Clinic Coordinator Name _____ and phone # _____

Host Signature _____ and phone # _____

List all names as scheduled on Master List, circle any absentees. Then list any substitutes and note "sub" beside their names.	Times (from – to)	Total Hours

If there was an absentee Master Gardener who did not provide a substitute, please give the reason for the absence (call the person, if necessary) _____

What was the weather? _____

How many people do you think consulted you? _____

Should there have been more Master Gardeners attending? _____ Fewer? _____

Was your host venue cordial? Yes ____ No ____ If not, please explain _____

Any other comments? _____
