

 (Program name)

 Presenter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Sign-in** | **Zip Code** | **Guest****Adult** | **Guest****Youth** | **Current Master Gardener** | **MG - Intern** |
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|  | **Totals** |  |  |  |  |  |

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞏 Approved for ( \_\_\_\_ ) hours of MG Education Credit

*Please select one that applies*