

**Junior Gardener Program Request Form**

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

Programs limited to grade levels and dates as indicated in the Junior Gardener brochure.

These programs fill quickly—programs are booked on a first-come, first-served basis!

Visit us online at <http://ag.udel.edu/nccmq> to download a request form to your computer, complete, and e-mail to [cjmurphy@udel.edu](mailto:cjmurphy@udel.edu) (subject heading: JG Request). You can also fax this form to 302-831-8934 or mail to: Junior Gardener Program, Delaware Cooperative Extension, 461 Wyoming Road, Room 131, Newark, Delaware 19716.

Date \_\_\_\_\_

**Contact Information (please use ink)**

Requestor's name \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Work phone \_\_\_\_\_

Address (mailing) \_\_\_\_\_ Home phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Email Address (required) \_\_\_\_\_

**Program Specifics – Complete a separate form for each program requested.**

Program title \_\_\_\_\_

List three dates in order of preference: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Morning or afternoon? \_\_\_\_\_

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 all other teachers/leaders involved with this presentation:\*

Indicate preferred title with each name (Mr., Ms., Mrs., Miss, or Dr.)

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Fee total (see brochure for costs, if any) Fee x #students = \$ \_\_\_\_\_\*\*

How did you learn of the Junior Gardener program?

colleagues  previous experience  brochure mailing  other \_\_\_\_\_

Please send me \_\_\_\_\_ additional brochure(s).  Please send brochure(s) to:

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

**\*It is necessary for teachers to be in the classroom to monitor the conduct of their students during the presentation.  
\*\*Send no money now; fee will be collected the day of the presentation. Materials and supplies are purchased in advance; therefore, the total fee will be due regardless of how many students are in attendance on the day of the presentation.**