



Master Gardener Extension Volunteer Educational Activity Report

(To be completed by committee chair or project coordinator only)

Program/Activity/E	vent Title:					
(if a presentation w	as given)					
Location:						
Start Date: End Date:						
GENERAL CONT	TACT INFORM	MATION				
Audience Demogra	phics (if knov	vn):				
	Male	Female	Audience Totals			
White			Youth			
Black			Homeowner			
Asian			Total Contacts Face-to-Face			
American Indian						
Pacific Islander						
Multi-Racial			Phone Contacts			
Hispanic			Written Contacts			
TOTAL						
PROGRAM LEN						
PROGRAM LEN	GTHS					
Hours of instruction	n per particip	ant (formal teachin	g time):			
Number of sessions	or classes ta	nught				
Total length of prog	gram (teachir	ng & non-teaching t	me)			



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IV. VALUE AND COMMENTS

In-Kind support (\$ value, if known):		Funds Donated (\$ value, if any):		
Comments:		ı		
 Volunteers involved with activity 	& hours worked (use another sheet if more sp	pace is needed):	
NAME	HOURS	NAME	HOURS	
	l	1		
Return to Extension office a copy of the	nis FAR form and a	ov of the following (check wh	nat vou have included):	
☐ Publicity for the program i.e. copy	of news articles, I	etters sent, promo brochure	s, etc.	
☐ Sign-in sheet				
☐ Evaluation forms				
Copies of materials distributed				
Follow up articles or reports Other supporting information				
Other supporting information				
Comments that will be helpful in f**For Office Use Only:				
Entered in MGLOG on//				
Entered in Georgia Counts on/	/			