

## ACTIVITY SUMMARY FORM

Activity \_\_\_\_\_

Date of the program \_\_\_\_\_ Location \_\_\_\_\_

MG presenter or event coordinator \_\_\_\_\_

Name of the organization for which you presented \_\_\_\_\_

Total number of MG participants \_\_\_\_\_

Names of Master Gardeners assisting with the program \_\_\_\_\_

Brief description of your display theme and display items:

Contacts Summary													
White		Black		Asian/Pacific		Hispanic		Native American		Number of youth reached		Unknown	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
Grand Total of contacts-													

Evaluation Sheets Attached: Yes No

Would you present for this organization in the future? Yes or No

Was the facility properly prepared for your presentation? Yes or No

Comments \_\_\_\_\_

**Master Gardener's- please return this completed form to the Master Gardener Coordinator within one week of your program.**

**Harford County Master Gardeners • 3525 Conowingo Road • Street • MD • 21154 • 410-638-3255**