



Bexar County Master Gardeners Program/Event Approval Request

NAME OF PROGRAM/EVENT: _____

DATE: _____

Is this an educational program that will benefit the residents of Bexar County? Yes No

If yes, explain how: _____

Purpose of Program or Event: _____

How will program be evaluated? Method (Choose one from below)

Direct Observation

Mailed Survey

Interview of Participants

Testing

Questionnaire

Other (Please Explain) _____

List any resources needed: _____

How will Master Gardeners be involved? _____

Planned Activities: _____

List Partners Involved: _____

Number of Volunteers Needed: _____

Over What Period of Time (# of shifts): _____

Recommended Chair(s): _____

Any Additional Information: _____

Requested by: _____

Date: _____

*******To Be Completed By CEA - Horticulture *******

Approved

Disapproved

Reason: _____

Signature: _____

Date: _____