

**Request for Master Gardener Volunteer Credit**

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*Please complete and return to your Program Coordinator prior to the event.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event or Program: \_\_\_\_\_  
\_\_\_\_\_

Organization or audience: \_\_\_\_\_

Date of program: \_\_\_\_\_ Credit hours requested: \_\_\_\_\_

Assistance needed from office: \_\_\_\_\_

Handouts (#): \_\_\_\_\_

Slides: \_\_\_\_\_

Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

Are you selling WSU Extension publications at this event? Yes? \_\_\_\_\_ No? \_\_\_\_\_

Which ones? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization coordinating event: \_\_\_\_\_

Contact information: \_\_\_\_\_