North Central Louisiana
Master Gardener Application

NAME_____

ADDRESS_____

_____
(City) (State) (Zip)

HOME TELEPHONE_____ WORK PHONE_____

I would like to be considered for this year's 2012 Master Gardener program. I understand that this training begins on **March 6, 2012**, and concludes **May 29, 2012**. To qualify as a Master Gardener, I will attend at least 80% of the training sessions. I agree to donate 40 hours of volunteer service to the Louisiana Cooperative Extension service a branch of the LSU AgCenter. This volunteer commitment will be completed within one calendar year or no later than November 2013. As a Master Gardener, I promise not to use my title for any commercial enterprises or to promote any commercial products.

Please sign to verify that you have read the above guidelines and that you are willing to abide by them.

_____
Signature

All sessions will be held at the following time and location:

Tuesday 5:30-8:30 P.M.
Louisiana Tech University/ Lomax Hall
1501 Reese Drive
Ruston, LA 71270

A fee of $150.00 is required for this course which covers the Master Gardener Handbook, diploma, name badge, handouts, materials and refreshments.
Make check payable to **LCES Master Gardener Program**.
Mail this application to **Rafash Brew, 201 North Vienna Street, Ruston, LA 71270.**