

**Okanagan Master Gardeners  
Record of Master Gardener Event (Green form)**

**This form is to be returned to the Clinic Planner *within one week of the clinic* with question and answer lists attached.**

Date of Event \_\_\_\_\_

Host Venue \_\_\_\_\_

Address \_\_\_\_\_

Clinic Coordinator Name \_\_\_\_\_ and phone # \_\_\_\_\_

Host Signature \_\_\_\_\_ and phone # \_\_\_\_\_

<b>List all names as scheduled on Master List, circle any absentees. Then list any substitutes and note "sub" beside their names.</b>	Times (from – to)	Total Hours

If there was an absentee Master Gardener who did not provide a substitute, please give the reason for the absence (call the person, if necessary) \_\_\_\_\_

What was the weather? \_\_\_\_\_

How many people do you think consulted you? \_\_\_\_\_

Should there have been more Master Gardeners attending? \_\_\_\_\_ Fewer? \_\_\_\_\_

Was your host venue cordial? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain \_\_\_\_\_

Any other comments? \_\_\_\_\_