UCONN GARDEN MASTER CLASSES
1376 Storrs Road, Unit 4036
Storrs, CT 06269-4036
Spring 2015 REGISTRATION FORM

(Please print)

Name ___________________________ Day Phone ___________________________

Street Address ___________________ Evening Phone ______________________

City/Town State Zip Code __________

E-mail address _____________________

Class information is sent in the week prior to class, via email wherever possible. If you do not have email, please ensure that we have a telephone number where we can reach you.

Payment - Make check or money order payable to “UConn.” Check # ________

Are you a Master Gardener? Yes/No If Yes, year certified: 19____ or 20____

In which county? ____________________________

☐ Please check this box if this is the first time you’ve enrolled for Garden Master Classes.

Please fill out below with the course number (S15/XX), title and cost. Mail your completed registration and payment to:

UConn Extension Master Gardener Program
Attn: AMG/Master Classes
1376 Storrs Road, Unit 4036
Storrs, CT 06269-4036

Registration confirmation is via email wherever possible. If you do not have email, please ensure that we have a telephone number where we can reach you.

Please ensure that you have the class # correct; your registration is entered by class number.

Class # ________ Title: ____________________________ $ ________

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Class # ________ Title: ____________________________ $ ________

Total: $ ________

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