UCONN GARDEN MASTER CLASSES
1376 Storrs Road, Unit 4036
Storrs, CT 06269-4036
Winter/Spring 2016 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.

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<th>Class #</th>
<th>Title</th>
<th>Cost</th>
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Please fill out below with the course number (516/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.

Total: $_____

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