



2009 University of Illinois Extension Master Gardener On-Line Registration Form

Name (please print) _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Telephone (____) _____ E-mail _____

I will be taking the course as (check one):

_____ University of Illinois Extension Master Gardener volunteer trainee. **Signature of Extension Unit Director or Unit Master Gardener Coordinator required below.**

Extension Representative providing approval

_____ Non-volunteer/ personal study option

Training fees- Choose one option.

Master Gardener volunteer training fee including a CD-Rom manual \$250.00 _____

Non-volunteer option training fee including a CD-Rom manual \$300.00 _____

Local county fee _____

Total enclosed (Make check payable to University of Illinois) _____

APPLICANT PLEASE RETURN THIS APPLICATION, THE FEE AND IF APPROPRIATE, THE TRAINEE AGREEMENT, TO YOUR LOCAL EXTENSION OFFICE.

For internal use only:

Registration Deadline (paperwork and checks due to state office)- December 16, 2008.

Coordinators please return this application, fee and a copy of the trainee agreement to:
IL. Master Gardener Office, 1201 S. Dorner, Urbana, IL. 61801