Come join us for the 2014 Junior Master Gardener Summer Adult training designed for teachers, educators, and volunteers in support of Youth Gardening.

Participants will become affiliated with the Texas Junior Master Gardener Program, which engages children in novel, "hands-on" group and individual learning experiences that provide a love of gardening, develop an appreciation for the environment, and cultivate the mind.

Participants will learn how to establish a garden, start a Junior Master Gardener group, and obtain the JMG curriculum. CPE Hours are provided for this three day training. Cost of the training is $100. No refunds, after the application is submitted will be accepted.

To access the application contact: Texas A&M AgriLife Extension Service, Bexar County office at 467-6575, or go on the web and download your application at: www.BexarYouthGardens.com

Have Questions? Contact Me!

Youth Gardens Coordinator
Natalie Cervantes
ntcervantes@ag.tamu.edu

Bexar County Youth Gardens Program
Texas A&M AgriLife Extension Service
3355 Cherry Ridge Drive, Suite 212
San Antonio, TX 78230-4818
Phone (210) 467-6575
Fax (210) 930-1753

Remember to check us out Online!

http://jmgkids.us

www.BexarYouthGardens.com
Junior Master Gardener Summer Adult Training
For: Teachers, Educators, and Volunteers in support of Youth Development & Gardening

Beginning July 22, 2014 – Ending July 24, 2014
Classes will be conducted Tuesday thru Thursday from 9 am – 5 pm
Where: San Antonio Botanical Garden,
555 Funston Place, San Antonio, TX  78209
Application Deadline:  July 14, 2014
CLASS LIMIT IS 30

INSTRUCTIONS: Please complete all questions. Registration fee is $100
Texas Master Gardener Handbook is optional for $47, if you would like this handbook, include $47 along with your registration fee.
Submit your registration fee with application. Make check payable to: HORT-ACCT 218310-60003

NAME
Last _________________________   First ___________________________ MI _____________

EMERGENCY CONTACT
Name____________________________   Phone Number(s) _____________________________

MAILING ADDRESS
Street _________________________________________________________________________
City _______________________   County __________________   Zip Code ________________
Daytime Phone (     ) _____________________       Evening Phone (     ) __________________________
E-mail _______________________________________________________________________________
Place of Employment ___________________________________ Grade Level Taught _______________
What was/or is your profession?  __________________________________________________________
QUESTIONNAIRE

What is your experience in Youth Gardening?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are there any topics or information that you feel is important to the success of your Youth Garden project?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Why are you interested in the Junior Master Gardener’s Program?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Special Dietary Needs: _________________________________________________________________

MAIL/EMAIL OR FAX THE COMPLETED APPLICATION WITH PAYMENT BY JULY 14, 2014

MAIL TO:
Youth Gardens Coordinator
Attn: Natalie Cervantes
3355 Cherry Ridge Drive, Suite 212
San Antonio, Texas 78230-4818

EMAIL:
ntcervantes@ag.tamu.edu

FAX TO:
(210) 930-1753

For questions call Texas A&M AgriLife Extension Service office at (210) 467-6575, and ask for Natalie Cervantes or visit our website at: www.BexarYouthGardens.com for more information.