



**REQUEST FOR LEARN & GROW  
PROGRAM SERVICES FORM**



**Submit Program Request to: heather.bass@trwd.com or 817-720-4432**

**Name:** \_\_\_\_\_ **Affiliation:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**If Different, Provide Contact Information for "On-Site" Activity Coordinator (name, phone number and email)**

**Date Request Submitted:** \_\_\_\_\_ **Requested Date of Activity:** \_\_\_\_\_

**Select activity category:**      Presentation                  Workshop                  Event

**Requested Activity Title:**      No Preference

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **Anticipated Attendance:** \_\_\_\_\_

**Location of Activity (Name, Address and Zip Code):**

**Description of Equipment Available On-Site (Ex. projector, laptop, TV with connection, dry erase board, etc.)**

**Audience Description:**

**Requested Take Away Skill or Knowledge for the Audience?**

**Will the attendees be charged a fee for this activity?**                  YES      NO **If so, how much?**  
**Who will provide registration for this activity?**                  TRWD      CITY

**Additional Activity Description or Information:**

**TRWD Approval:**                  YES      NO

**Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Once approved, the request will be forwarded to the Tarrant County Master Gardener Association Conservation Coordinator for scheduling.**