

# 2010 SCHOOLS MASTER GARDENER PROGRAM

(1 Per Team)

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School Phone Number \_\_\_\_\_

Principal's Name \_\_\_\_\_

PTA President 2009-10 \_\_\_\_\_

Please check:       Cobb School System     Private School in Cobb County

Please list team members from your school \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit applications for  
all members of your  
team in one mailing.

## TEAMS MUST MEET THESE CRITERIA TO BE ELIGIBLE FOR APPLICATION REVIEW:

Please complete this checklist before submitting school application:

Office  
Use Only

### Applicant Use

School is located in Cobb County

Team member information enclosed that consists of 3—5 members, including at least two teachers.

Submitted by Friday, April 16, 2010

Letter of support from school principal enclosed

Letter of support from PTA enclosed

Registration fee \$75/team member, check payable to Cobb County 4-H enclosed.