MASTER GARDENERS, please complete this form whenever you make a presentation to a group. These forms are required for Federal Affirmative Action audits, to document that we provide information and services to all people, without regard to race, color, sex, age, handicap, or national origin. Thank you for your cooperation.

Date: _________       Time: _________

Name of presenter: ____________________________________________

Title of presentation: __________________________________________

Brief Description of Objective: __________________________________

Who made up the audience? _________________________________________

Numbers attending (make estimates as accurate as possible):
Black                          ______
White                          ______
Hispanic                      ______
Native American                ______
Oriental                      ______
Other                          ______
Male                          ______
Female                       ______

AT THE BEGINNING OF YOUR PRESENTATION, PLEASE CIRCULATE A NOTE PAD. ASK ALL IN THE AUDIENCE TO PLEASE LIST THEIR NAME. ATTACH THAT LIST TO THIS FORM WHEN YOU ARE FINISHED WITH THE PRESENTATION. SEND THE FORM AND LIST TO:

Leon County Extension Master Gardener Programs
615 Paul Russell Road
Tallahassee FL 32301