



**UCCE Marin Master Gardeners
School Garden Consultant Project Form**

School Name _____

School Address _____

School Contact
(teacher/parent/coordinator): _____

Phone: _____ Email: _____

Teacher(s) involved _____ Grade: _____

Phone: _____ Email: _____

Master Gardener _____

Phone: _____ Email: _____

Description of Project:

Start date of project: _____ Expected Duration of project: _____

Authorized by (MG Coordinator) _____

Date: _____

return to: Heather Sawercool
16 Frustuck Ave
Fairfax CA 94930