



Comal Master Gardener

Speaker Bureau Reporting Form

Name: _____ Date of Presentation: _____
(CMG presenting)

Topic: _____

Location (where program presented): _____

Requested by: _____ of _____
(name of person requesting program) (organization)

Contact Phone Number: _____

Comments: _____

Number of persons in attendance: _____

_____ Preparation Hours

_____ Presentation Hours