

MASTER GARDENER REMOTE CONTACT LOG

Master Gardener _____ Date _____

Phone transfer from _____ Time _____

Client Information:

Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ Email: _____

First time contact: (Yes/No) _____ Gender: (Male/Female) _____

Demographics: _____ (American Indian, African American, Native Hawaiian or Pacific Islander, Asian, Hispanic or Latino, Caucasian, Unknown)

Reason for contact: _____

Recommendation: _____

Publications/Links _____

Are further actions required such as: mailing of publications (only if they don't have email); emailing publications etc.? If so, what actions are required? _____

Reviewed by _____ Date _____