



# WATER CONSERVATION PROGRAM REQUEST FORM



**NPO Name:** Tarrant County Master Gardener Association    **Conservation Coordinator:**

**Did TRWD request participation?**    YES    NO    **TRWD Requestor (Name):**

**Select activity category:**    Workshop    Presentation    Event    Innovative Prog./Special Project (IPSP)

**Activity Title:**

**Activity Date:**                      **Start Time:**                      **End Time:**                      **Anticipated Attendance:**

**Location (Name, Address and Zip Code):**

**Name(s) of Instructor/Event Coordinator:**

**Audience Description:**

**Activity Description:**

**Will the attendees be charged a fee for this activity?**                      YES    NO    **If so, how much?**  
**Is there an advanced registration required for this activity?**                      YES    NO

**What will be the take away skill or knowledge for the participants?**

**TRWD Project Manager Approval:**    YES    NO

**Approval:**

**Date:**

## Post-Activity Report

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**Completed by:**

**Number in Attendance:**

**Type and # of Giveaway Items Provided:**

**Follow-Up Requested?**    YES    NO

**Organization Contact:**

**Phone:**

**Email:**

**Sign-in Sheet Attached?**    YES    NO