

Would you like to improve your Gardening Skills?

Then you'll be interested in the
Mohave County Cooperative Extension

MASTER GARDENER COURSE

Held in 3 locations – Lake Havasu City, Bullhead City & Kingman
January 20 – April 21, 2016

The courses are taught by University of Arizona Extension professionals, horticulture experts and Master Gardeners. Course content emphasizes the challenges of gardening in the low desert (Lake Havasu & Bullhead City areas) and upper elevations (Kingman area). Topics covered include: Basic Botany, Plant Nutrition, Soils Analysis, Irrigation, Landscape Design, Citrus & Fruit Trees, Propagation, Native Plants, Selection & Care of Trees and Shrubs, Vegetable Gardening, Growing Palms in the Southwest, Pest Management, Plant Diseases & Diagnosis and Cacti & Succulents.

This series of classes is a prerequisite to becoming a Master Gardener Volunteer in Mohave County. You will be encouraged to become a volunteer, but it is not required. If you choose to become a Master Gardener, you will become part of a unique group of gardeners who continue to improve their skills and knowledge by sharing their experience with the public through organized volunteer activities. After completion of the course, you would complete volunteer service and education hour requirements over 12 months, upon which time you will become a Certified Master Gardener through the University of Arizona as a Designated Campus Colleague.

Course cost is \$175 (**NON REFUNDABLE**) and will include 13 weekly 3 ½ hour classes. The course fee is a cost recovery fee and is dependent on projected costs of materials and class size. For more information, please call Carol Stockwell at 928-458-6353 or email cstockwell@email.arizona.edu. **Deadline for enrollment is January 14, 2016.**

To register in the Master Gardener Course, please complete the form below and mail along with a check payable to UA to: University of Arizona, Mohave County Cooperative Extension, 840 Rodeo Drive, Bldg C, Prescott, AZ 86305. To pay with credit card, please call 928-445-6590 ext 221 or 228.

NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

EMAIL: _____ PHONE NO: _____

CLASS LOCATION (CHECK ONE): LAKE HAVASU CITY _____ BULLHEAD CITY _____ KINGMAN _____

FOR OFFICE USE ONLY

Date Rec'd _____ Initials _____ Paid by Visa Master Card Cash Check

Credit Card Information _____ - _____ - _____ - _____ EXP _____

NAME OF CARDHOLDER

SIGNATURE OF CARD HOLDER
(If applicable OR Write "Phone")

Address of Cardholder _____

STREET

CITY

STATE

ZIP CODE (REQUIRED)

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CLS 12/7/15