



JMGsm Junior Master Gardenersm Completion Form



(For Certificates - Duplicate as Needed)

Upon completion of the JMG curriculum requirements, fill out this form to request JMG Certificates for your group members. Mail the completed form to Junior Master Gardener Program, 4-H Youth Department, 615 W State Street, West Lafayette, IN 47907-2053

Date: _____ County: _____ JMG Group Name: _____

Name	Address	City/Zip	Program Completed		Unit(s) Completed
			JMG	Golden Ray Series	

I certify that these JMG group members have completed all of the requirements to be certified as Junior Master Gardeners.

Teacher/Volunteer Name: _____ Signature: _____ Date: _____

Certificates should be mailed to the following address: _____

City State Zip

Phone: _____

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