

## MVLA WORKSHOP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Route, P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

1. Title of Workshop: \_\_\_\_\_

2. Objectives (3-5 Objectives that will be realized by participants attending workshop).

3. Workshop description (4-5 lines of something that can be used for promotion of your workshop).

4. Format and techniques (how you will organize and present workshop).

5. Target audience: (adults, 4-H club members, teens, preschoolers, elementary age group, agents, volunteers, etc.).

6. Do you need any special arrangements? If YES, please explain. [VCR, easel, projector, table (how many), etc.]

7. Maximum number allowed in workshop. \_\_\_\_\_

***The Workshop Sessions are Allotted a 1-2 Hour Time Frame***

