



Orange County Master Gardener Program
LEGACY AWARD
NOMINATION FORM



NOMINEE: _____ Date of Nomination: _____ Class Year: _____

Phone: _____ E-mail: _____

ADVOCATE: _____ E-mail: _____ Phone: _____

Description of the outstanding achievements and qualities that qualify the nominee to be considered for the LEGACY Award:

See the Legacy Award Nomination Guide for assistance in completing this form.



Orange County Master Gardener Program
LEGACY AWARD
NOMINATION FORM



Nominee's Signature: _____ Advocate's Signature: _____

Date: _____

Date: _____

Please return to the UF/IFAS Extension Orange County Extension Administrative Specialist – Residential Horticulture.

See the Legacy Award Nomination Guide for assistance in completing this form.