



## Pulaski County Master Gardeners

### Horticulture Therapy/Psalm 91/Patio Raised Beds Report Baptist Rehabilitation Institute Attendance

Date \_\_\_\_\_ & Time: ( \_\_\_\_\_ - \_\_\_\_\_ )

- **Horticulture Therapy Presentation**

Presenter's Name: \_\_\_\_\_

- Subject \_\_\_\_\_
- Masterials used: (*Check supply cabinet before purchasing*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Cost: \_\_\_\_\_
- Summary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Therapist Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Meditation Garden:**

- Attendance:

| Name  | Phone | Email |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Name | Phone | Email |
|------|-------|-------|
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|      |       |       |
|      |       |       |

- Work Accomplished:

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- **Patio Raise Beds and Planter:**

- Attendance:

| Name | Phone | Email |
|------|-------|-------|
|      |       |       |
|      |       |       |
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|      |       |       |
|      |       |       |

- Work Accomplished:

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***Presenter/Team Leader Signature***