Master Gardener
Ohio State University Extension Volunteer

Name_____

# Coshocton Co. MGV Hours Tally Sheet

## Volunteer Hours Only

| Date (MM/DD/YY) | Location & Description (please give details) | Total Hours |
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## Education Hours Only

| Date | Location & Description | Total Hours |
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***Please use one form per month. Due on the last business day of each month.***