National Garden Club, Inc.

FORM 9 (3/2021)

FLOWER SHOW SCHOOL REFRESHER ROSTER

Please email completed form to NGC Accrediting Chairman for that Region.

COURSE NUMBER: _____ Page: _____

CITY, STATE: _____ DATES SCHOOL HELD: _____

STATE FLOWER SHOW SCHOOL CHAIRMAN: _____

INSTRUCTORS: HORTICULTURE: _____ DESIGN: _____

FLOWER SHOW PROCEDURE: _____

ALPHABETICAL LISTING

		Horticulture Point Scoring			**Design** Point Scoring			
NAME AND ADDRESS		Class 1	Class 2		Class 1	Class 2		____