



National Garden Clubs, Inc.

7C-07(y)

FLOWER SHOW SCHOOL SUMMARY

Please submit three copies to the NGC Area Accrediting Chairman.

Course Number _____

CITY, STATE: _____ DATES COURSE HELD: _____

TOTAL ATTENDING COURSE: _____ (Include all part-time registrations)

TOTAL STUDENT EXAMINATIONS: _____ TOTAL REFRESHER EXAMINATIONS: _____

TOTAL EXAMINATION FEES: (enclosed check amount: \$5.00 each) \$ _____

TOTAL FAILING PAPERS: _____ (Failure distribution shown below)

WRITTEN EXAMINATION: FSP _____ HORTICULTURE _____ DESIGN _____

POINT SCORING EXAMINATION: STUDENT HORTICULTURE _____ STUDENT DESIGN _____

REFRESHER HORTICULTURE _____ REFRESHER DESIGN _____

SUBJECTS

HOURS

INSTRUCTORS

FLOWER SHOW PROCEDURE _____

HORTICULTURE _____

DESIGN _____

State Flower Show Schools Chairman Signature

DATE RECEIVED: _____

DATE ACCREDITED: _____

NGC Area Accrediting Chairman Signature