National Garden Club, Inc.

FORM 9

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

NAME AND ADDRESS		Horticulture Point Scoring			Design Point Scoring			
		Class 1	Class 2		Class 1	Class 2		Total Points