National Garden Clubs, Inc.

FORM 11

FLOWER SHOW SYMPOSIUM CREDIT ROSTER

Email completed form to the NGC Symposium Chairman

____

CITY, STATE: ________________________________ DATES SYMPOSIUM HELD: ________________________

STATE FLOWER SHOW SYMPOSIUM CHAIRMAN: ____

ALPHABETICAL LISTING

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