



NATIONAL GARDEN CLUBS, INC.

Gardening Study Schools
(Please print or type.)

Registration Form

Form 05-1

Gardening Study Course

Refresher event*

Series # _____ Course # _____

*Refresher Event program name – Use this form only if this is a single-subject GSS refresher. Otherwise, use Multiple Refresher forms on NGC website.

Location _____ Date/s _____

State/Area Garden Club _____ Region _____

Local School/Event Chairman _____ Email _____

Address _____ City _____

State _____ Zip _____ Telephone _____ FAX _____

State GSS Chairman _____ Email _____

Address _____ City _____

State _____ Zip _____ Telephone _____ FAX _____

Subject/s	Hours	Instructors
_____	_____	Name _____ <input type="checkbox"/> Credentials attached <input type="checkbox"/> On file
_____	_____	Name _____ <input type="checkbox"/> Credentials attached <input type="checkbox"/> On file
_____	_____	Name _____ <input type="checkbox"/> Credentials attached <input type="checkbox"/> On file
_____	_____	Name _____ <input type="checkbox"/> Credentials attached <input type="checkbox"/> On file
_____	_____	Name _____ <input type="checkbox"/> Credentials attached <input type="checkbox"/> On file
_____	_____	Name _____ <input type="checkbox"/> Credentials attached <input type="checkbox"/> On file

Permission is given to use (NGC website, TNG) the name, address, telephone, FAX, and e-mail as listed above.

Approved _____ Date _____
State GSS Chairman

Approved _____ Date _____
NGC Accrediting Chairman