



National Garden Clubs, Inc.
Gardening Study Schools
(Please print or type.)

Name _____ Date of Consultant's Certificate _____
(last name, first name) Original Gardening Consultant Certificate

Address _____ Phone _____

_____ Email _____

REFRESHER RECORD

Refresher	Series	Course	Location	Date: Last day of course
First				
Second				
Third				
Fourth (Master)				
Fifth				
Sixth				
Seventh				
Eighth				

Approved _____
State GSS Chairman Date _____

Approved _____
NGC Accrediting Chairman Date _____