



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

Series No. _____ Course No. _____
or
Refresher Event _____

State _____ Region _____

Course Dates _____ Location _____

Total Attendance _____

Number taking course for:
Consultant Credit _____ Refresher Credit _____
(Students seeking to become Consultants)

Subject Name	# students passing	# students failing
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount submitted for Consultant and Refresher credit:

\$5.00 per student \$ _____

\$5.00 per refresher \$ _____

Total enclosed \$ _____

Check # _____ Date _____

Submitted by _____ Date _____
Local Chairman

Approved _____ Date _____
State GSS Chairman

Approved _____ Date _____
NGC Accrediting Chairman