



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

Series _____ Course _____ or Refresher Event

I, _____ agree to teach _____
(Instructor's name) (subject)

on _____ at _____ at _____
(date) (time) (location)

for a fee of \$ _____ or \$ _____ per hour for a maximum of _____ hours.

Total mileage expense \$ _____ Exam required: yes no

Other expected expenses \$ _____

I understand that I will submit a detailed outline of my presentation suitable for duplication for the students at least six (6) weeks in advance of the course date, including the exam if one is required. The exam is to be approved by National Garden Clubs, Inc.'s Gardening Study Schools Accrediting Chairman.

My presentation will require: microphone lectern stool projector/screen blackboard

Other requirements: _____

Name _____

Address _____

City _____ State _____ Zip _____

Cell phone _____

Email _____ Telephone _____

Approved _____
Instructor Date

Approved _____
Local Gardening Study School Chairman Date