National Garden Clubs, Inc.

FORM 11

FLOWER SHOW SYMPOSIUM CREDIT ROSTER

Email completed form to the NGC Symposium Chairman

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CITY, STATE: ______________________________ DATES SYMPOSIUM HELD: _______________________

STATE FLOWER SHOW SYMPOSIUM CHAIRMAN: ____

ALPHABETICAL LISTING

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