National Garden Club, Inc.

FORM 9

FLOWER SHOW SCHOOL REFRESHER ROSTER

Please email completed form to NGC Accrediting Chairman for that Region.

COURSE NUMBER: ________

Page: _____

CITY, STATE: ________________________________

DATES SCHOOL HELD: _________________

STATE FLOWER SHOW SCHOOL CHAIRMAN: ____

INSTRUCTORS: HORTICULTURE: _____________________

DESIGN: ___________________________

FLOWER SHOW PROCEDURE: ______________________________

ALPHABETICAL LISTING

Horticulture Point Scoring

Design Point Scoring

NAME AND ADDRESS		Class 1	Class 2		Class 1	Class 2		Total Points