National Garden Clubs, Inc.

FORM 11 (2021)

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		**Horticulture** Point Scoring			**Design** Point Scoring			
NAME AND ADDRESS		Class 1	Class 2		Class 1	Class 2		____