National Garden Clubs, Inc.

FORM 12 **(9/2022)**

FLOWER SHOW SYMPOSIUM AUDIT ROSTER

Email completed form to the NGC Symposium Chairman.

CITY, STATE:_____ DATES SYMPOSIUM HELD:_____

STATE OR LOCAL FLOWER SHOW SYMPOSIUM CHAIRMAN: _____

STATE OR LOCAL FLOWER SHOW SYMPOSIUM CHAIRMAN EMAIL ADDRESS:_____

ALPHABETICAL LISTING FOR JUDGES AUDITING SYMPSOIUM

JUDGES NAME AND ADDRESS	**JUDGES GOOD STANDING EXPIRATION DATE IN AND OUT OF STATE**