

National Capital Area Garden Clubs, Inc.



OUTSTANDING PROGRAMS FORM

NAME OF THE CLUB: _____

Name of club contact person: _____

Club contact's email: _____

Club contact's telephone number: _____

PROGRAM TITLE: _____

Description of the program: _____

Program cost: \$ _____

NAME OF PRESENTER(s): _____

Presenter's contact information: Email: _____

Telephone: _____

Address: _____

SUBMIT COMPLETED FORM TO:

Ann Gardenhour

at Acgardenh@aol.com

*or 3019 Parkway
Chevery MD 20785*

Deadline is January 15, 2012 for NCAGC 2012 Outstanding Programs list.