

THE GARDEN CLUB FEDERATION OF PENNSYLVANIA
REQUEST FOR FLOWER SHOW EVALUATION FOR
NATIONAL GARDEN CLUBS FLOWER SHOW ACHIEVEMENT AWARDS

Name and Number of Award sought _____

Date of application _____

Name of Club _____ District _____ Number of Members _____

President's Name _____ Phone & Email _____

Address _____ Zip _____

FLOWER SHOW INFORMATION:

Chairperson's Name _____ Email Address _____

Address _____ Zip _____ Phone _____

Date(s) of Show _____

Location of Show _____

Name and address of Judges - at least 2/3 of judges must be fully accredited by National Garden Clubs, Inc.
In case of "experts", state the position held or training background to justify their expertise.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

A copy of your Flower Show schedule must accompany this form.

IMPORTANT: This form must be completed and mailed to the State Evaluation Chairman at least six weeks before the show. For awards information, refer to the Flower Show Handbook and the Pennsylvania Awards Manual

Send the form to: Susan Bunkin, 204 Cafferty Rd., Pipersville, PA 18947-9337 215-297-8653 bhive2ptd.net

If evaluation forms for the judges' use are not received by your Flower Show Chairman **at least two weeks** before the date of your show, contact the State Evaluation Chair immediately.