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

Name and Number of Award soug	ght		
Date of application			
Name of Club	District	Number of Members	
President's Name	Phone & Email		
Address		Zip	
FLOWER SHOW INFORMATION:			
Chairperson's Name	Email Addr	ess	
Address	Zip	Phone	
Date(s) of Show			
3			
4			
6			

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

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

Send the form to: Mary Jane Martucci, 911 McClelland Road, Finleyville, PA 15322-9752 724-483-7687

maryjane.martucci@gmail.com

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