

FLORIDA GOURD SOCIETY
REQUEST FOR VISITING INSTRUCTOR

Date of Request: _____

VISITING INSTRUCTOR PROPOSAL FOR PATCH _____
Name of Patch

Date of visit: _____

PROPOSAL: (What will be taught, price for class, etc):

Name of Visiting Instructor: _____

Address of Visiting Instructor: _____

Phone of Visiting Instructor: _____

Email of Visiting Instructor: _____

Patch Contact Person: _____

Phone Number of Contact Person: _____

Email of Contact Person: _____

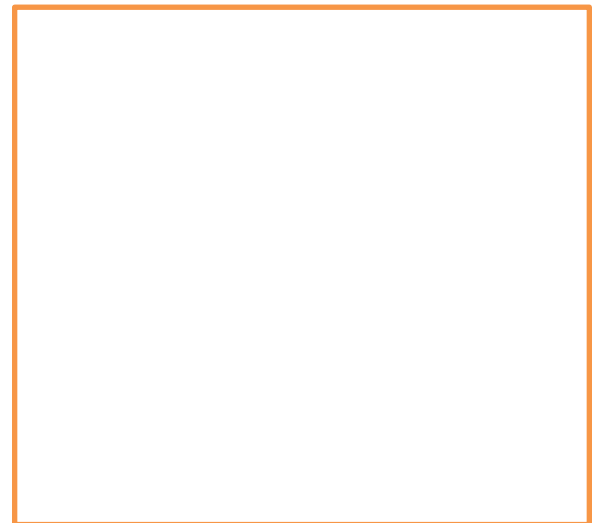
Total Shipping of supplies to be reimbursed: (must attach receipts): _____

Total to be reimbursed: (must attach receipts) _____

APPROVAL OF FGS PRESIDENT: _____

FORWARD TO:

Jane Essig
13000 Forest Run Ct.
Tallahassee, FL 32317
(850)877-3620
jessig@aol.com



{Include photo of project above, if available}