

OAGC JUNIOR GARDEN CLUB REGISTRATION FORM

(Complete and return to the state junior gardener chair within 30 days.)

Name of junior garden club: _____

Junior garden club leader: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Sponsoring adult garden club: _____ Code/Region: _____

President of adult garden club: _____

Address: _____ City: _____ Zip: _____

Is this a new junior club? Yes: _____ No: _____ If no, when was club organized: _____

Is club affiliated with 4-H, Girl Scouts, Boy Scouts, Classroom, Other? (Circle One)

If classroom club, please list grade & school _____

NAME:

ADDRESS:

Date: _____

1. (President) _____

2. (V. Pres.) _____

3. (Secretary) _____

4. (Treasurer) _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

List additional names and addresses on back.

* Please note new members for this year.