

# APPLICATION FORM

CENTRAL ATLANTIC REGION AWARDS (NATIONAL GARDEN CLUBS, INC.)

Date of Application \_\_\_\_\_

Awards Name \_\_\_\_\_

Name of Club \_\_\_\_\_

Name of Club President \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Individual Submitting Application \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

State Federation \_\_\_\_\_

Title/Theme of Project \_\_\_\_\_

**Summary: A brief description of the project that includes the size of the club, name and size of the city, the number of members participating, the cost and results of the project. A more detailed account should be included in the Book of Evidence.**

State Awards Chairman's Signature \_\_\_\_\_

Address \_\_\_\_\_

State President's Signature \_\_\_\_\_

\*\*\*\*\*

**The State Awards Chairman sends the selected application to the Central Atlantic Awards Chairman or Representative. Two (2) copies of this form must be attached to the inside cover of the Book of Evidence with paper clip(s).**