



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 the club affiliated with another organization (such as 4-H, scouts, after school program, etc.)?

Please share some of your goals and ideas for your junior garden club (100 words or less)

Number of Juniors Members in the club: _____