

Request for Reimbursement for Garden Club Federation Course

To be submitted at least one month prior to course to
CGCD Treasurer, PO Box 1713, Duxbury, MA 02331

Name of Applicant:

Club Status: Provisional*, Active, Sustaining, Honorary

Name and Date of GCFM Course:

Fee for Course:

I have read and understand the Standing Rules (item 9) concerning tuition reimbursement. I am a member in good standing and current on volunteer hours. I recognize that reimbursement is dependent on obtaining a passing grade on course exam and is subject to overall CGCD budget constraints. I plan to use skills learned in the above course to take a leadership role within the next year in an upcoming CGCD event.

Please specify role and activity:

Signature

Date

*Provisional applicants must be approved by board vote.