

CLUB REGISTRATION FORM

District I – FGCM, Inc. – October 2, 2024 Semi Annual Meeting
Cost \$44.00 per person - Reservation Deadline September 20th

We request Garden Club treasurers collect registration checks and registration information from your club members .

Then please submit ONE collective Garden Club check to **Talbot County Garden Club**.

Make multiple copies of this form as necessary for more than 5 attendees.

Write "SA" District Mtg" in the memo field. Be sure to all attendees include entree choices.

GARDEN CLUB NAME: _____ **Number of Attendees:** _____

ATTENDEE'S Name _____

Attendee's Phone _____ Email Address _____

Entrée Choice: (please select) Salmon Lemon Vinaigrette or Vegetarian Option

Please note any medical food requirements or allergies _____

ATTENDEE'S Name _____

Attendee's Phone _____ Email Address _____

Entrée Choice: (please select) Salmon Lemon Vinaigrette or Vegetarian Option

Please note any medical food requirements or allergies . _____

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Attendee's Phone _____ Email Address _____

Entrée Choice: (please select) Salmon Lemon Vinaigrette or Vegetarian Option

Please note any medical food requirements or allergies _____

Mail Garden Club Check to:

**Talbot County Garden Club
Talbot County Garden Club Treasurer
P.O. Box 1524, Easton, MD 21601**

Registrations must be postmarked no later than September 20, 2024 *No refunds will be given after September 25, 2024