

(Name of Garden Club)
(Address/P.O. Box Garden Club)
(City, State Zip Code of Garden Club)

PROGRAM CONTRACT

Lecturer _____

Lecturer Address _____

Lecturer Cell Phone _____

Program Subject/Title _____

Program Date _____ Time _____

Meeting Place _____

In person meeting Yes No

Zoom meeting Yes No

Zoom account provided by Speaker by Garden Club

Permission to record presentation Yes No

Permission to post on Garden Club Website Yes No

Handouts - Permission to post on Garden Club Website. Yes No

On Garden Club Secured Member Only area on website Yes No

Special Needs Flowers

Projector Provided by Lecturer. Provided by Club

Screen Provided by Lecturer. Provided by Club

Extension Cords Provided by Lecturer. Provided by Club

FEE for Lecture _____ Mileage _____

Charge for plant material not to exceed _____

Note: If the club is charged for plant material, we expect to own it.

We would appreciate your providing us with a brief description of your program along with a biography which might be used by us for an introduction as well as by our publicity chairman

We look forward to welcoming you to our club. Please fill in where necessary and return one signed copy.

Return signed contract to:

Garden Club Name _____

Garden Club Chair _____

Garden Club Chair Cell Phone Number _____

Address _____

Lecturer Signature

Garden Club Signature