



The Garden Club Federation of Massachusetts, Inc.

APPLICATION FOR GCFM FLOWER SHOW AWARD

Date of Flower Show:

Date of Application:

Name of Award:

Title of Flower Show:

Submitted by:

Contact email:

Cell phone:

Garden Club(s)/District/Council:

District:

District Director:

Signature of Awards Chairman

Signature of Project Chairman

Submit this form electronically, via email, in pdf format, with all supporting documents.

Direct questions and submit application to GCFM Flower Show Awards Chair, Gail Hubacker ghubacker@gmail.com