

NGC/MGC School Course Reimbursement Form

Name _____ Garden Club _____

Address _____

Phone: Home _____ Cell _____

Email _____

NGC/MGC and Course Number _____

Registration receipt attached (required) Yes _____ No _____

Amount of Registration Fee _____

Is this your first NGC School attendance? Yes _____ No _____

To fulfill IRS requirements, in the following section confirm that you attended the NGC/MGC School along with your agreement to share what you have learned with your club and community.

I attended the NGC/MGC _____ School (name of School), Course # _____, and I agree to share the information I learned with club or council members and/or community as opportunities are available.

Applicant Signature _____

Date _____

Submit this form and your receipt to the KGC Treasurer within 30 days of receipt of exam results.