

*The Garden Club Federation of Massachusetts, Inc.
400 Fifth Avenue, Suite 110,
Waltham, MA 02451*

PROGRAM CONTRACT

Lecturer _____

Address _____

Program Subject/Title _____

Program Date _____ Time _____

Meeting Place _____

Directions _____

Special Needs

Provided by Lecturer

Provided by Club

Flowers

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Projector

--	--

Screen

--	--

Extension Cords

--	--

Number of Tables

--	--

Table Covers

--	--

Other Items

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FEE for Lecture _____ Mileage _____

Charge for plant material not to exceed _____

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

Number of Helpers needed _____ At what time _____

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. If there are any questions or help we may give, please feel free to call.

Please fill in where necessary and return one signed copy.

Garden Club _____

Chairman _____ Lecturer _____

Address _____

Telephone _____