CENTRAL ATLANTIC REGION



AWARDS APPLICATION 2017-2019

State Garden Clubs, Inc.	Award Name:		Number (if applicable):			
	Submitted by:					
	(Enter name exactly as it should appear on any award received.)					
	Number of Members i	n club:				
Name of State Garden Club	:		Number in State Garden Club			
State Awards Chairman:		Phone:	Email:			
CAR Awards Chairman:		Phone:	Email:			
Application form is limited to throlowed.)	ee printed pages, front of page	es only. (No repor	cover or binders allowed, no plastic sheets al-			
Application form will not be return	rned. (Exceptions: publicatio	ns (books, CD/DV	D). Copy entry for your files.			
State Awards chairman must send entries (mail or electronically) to CAR Awards Chairman to arrive:						
1. January 15 - National Awards with Regional Winners		2. January 1 - National Youth Awards with Regional Winners				
3. February 1 - Awrds of Hone5. April 1 - All other award ap		4. February 23 - Publicity/PressBooks				
To: Bette Lewis, 1915 Blackbria	•	0002 1201 201 43	20 0452 hlavian Ik@ gol aom			
PLEASE complete each topic, if a		_	_			
1. New Project: YesNo	Beginning date:	Compl	etion date:			
2. Brief summary and objectives	of project					

- 3. Involvement of club members, other organizations, etc.
- 4. Project expenses and means of funding
- 5. Continuing involvement, follow-up, maintenance
- 6. Attach or insert photos, digital photos and/or landscape plan (does not need to be professionally drawn.)