

FLORIDA GOURD SOCIETY VISITING INSTRUCTOR PROPOSAL

Date of Request _____

VISITING INSTRUCTOR PROPOSAL FOR PATCH _____

Name of Patch

Date of Visit _____

PROPOSAL: (what will be taught, price for class, etc.)

Name of visiting instructor: _____

Address:

Phone No:

Email address:

Patch Contact Person: _____

Phone No.:

Email Address:

FORWARD TO FGSI TREASURER:

Sandra Jordan

904-240-1399

12454 Sunchase Dr.

Jacksonville, FL 32246

APPROVED BY: _____

FGSI President

Date

FGSI Treasurer

Date