

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