

GARDEN CLUB OF ST. PETERSBURG

INSTRUCTOR'S AGREEMENT

Sponsoring Group_____

Where is program held

Address_____

Date_____

Instructor's fee_____

Instructor requires the following staging as follows

Other information as needed.

Local Chairman_____

Instructor_____

Print name_____

Print name_____

Address_____

Address_____

Phone_____

Phone_____

Email_____

Email_____

Date agreement signed_____

Chairman Signature_____

Presenter Signature_____