

APPLICATION FOR CONTINUING EDUCATION SPONSORSHIP

MEMBER NAME: _____ Date: _____

Address: _____

Title of Educational Opportunity:

Brief description of class, meeting, or activity, including date, location, presenting organization to whom sponsorship check will be made. NOTE: PLEASE ATTACH BROCHURE, NOTICE OR COPY OF EDUCATIONAL OPPORTUNITY INFORMATION TO THIS HAGC FORM.

Application Denied: _____ Reason: _____

Application Approved: _____ By: _____

Mail To: Hilliard Area Garden Club
4694 Hilliard Cemetery Rd.
PMB #163
Hilliard, OH 43026-1124