

Form to Submit an Event to the FFGC State Calendar

* Name of Event: _____

* Date of Event: _____

* Time of Event: _____

* Location of Event: _____ District # _____

Event Description: Note that this is an opportunity to highlight the benefits of your class, 'market' your event, encourage involvement or volunteering as well as the general description. If you're submitting a class that is part of a series, take this opportunity to briefly discuss the value of the series.

Additional information other than what has already been stated, such as special instructions, where to park, what to bring, etc. Please limit to 3 lines of instruction: _____

Name of Person to Contact and a phone number only if you want that phone number to be public:

If you would like a registration form or flyer attached to the calendar entry, send it as a .pdf via email with this completed form. Similarly, if you want an image with the entry, attach it as a .jpeg

* Name of person submitting this entry request: _____

* Would you like online registration enabled for your event? ____ Yes ____ No

If Yes, what information other than Name & Address would you like the registrant to provide?
(Examples: Have you taken this course before?, What was your date of certification? Do you currently belong to a Garden Club?)

Do you want to enable payment acceptance online? ____ Yes ____ No

If Yes, Check which method: ____ Online Only ____ Online and Offline

Return this completed form to elainep1939@gmail.com, the Corresponding Secretary, Elaine Parisi.
Please keep the same Word format.

* Indicates required information to process your request