



THE GARDEN CLUB OF NORTH CAROLINA, INC.
Best Program Form

DATE _____

CLUB NAME _____ DISTRICT _____

LOCATION _____ COUNTY _____

PRESIDENT _____

SPEAKER INFORMATION

NAME _____

QUALIFICATIONS _____

EMAIL _____ PHONE _____

ADDRESS _____

PROGRAM INFORMATION

GCNC CATEGORY _____

TITLE _____

DESCRIPTION _____

DVD, SLIDES, POWERPOINT? _____

RATING INFORMATION

(How would you rate this program on a scale of 1 – 10, with 10 being the highest?)

PROGRAM _____ SPEAKER _____ PRESENTATION _____

EDUCATIONAL VALUE _____ ENTERTAINMENT VALUE _____

DO YOU THINK THIS COULD BE A GOOD PROGRAM AND /SPEAKER FOR A DISTRICT OR STATE MEETING? _____ WHY? _____

DID YOUR CLUB OR CLUB MEMBER PRODUCE THIS PROGRAM? _____

DID YOUR CLUB SUBMIT THIS PROGRAM FOR AWARD COMPETITION? _____

DID YOUR CLUB SUBMIT THIS PROGRAM TO THE STATE LENDING LIBRARY? _____