



GCNJ Youth Club REGISTRATION

To be registered with the state and eligible for any youth awards, this form must be completed and sent to the Youth Chair at the address below by September 30. Please enclose a check payable to GCNJ in the amount of \$20.00 to cover your club's annual Youth Club registration fee.

Name of Youth Club _____

Type of Club (Junior K-6th, Middle 7-8th, HS 9th-12th)

of Youth Members

Association (with a garden club, a school or a local organization)

club meetings per/yr.

Name of Sponsoring Club

District #

Club Interests (please check all that apply to your group)

Gardening	___	Arbor Day	___	Flower Design	___
Protection of Wildlife	___	Civic/School Project	___	Children's Gardens	___
Insect Study	___	School Gardens	___	Annual Youth Contests	___
Garden Therapy	___	Flower Shows	___	Nature Camps	___
Pollinators	___	Bird Study	___	Ecology	___
Three R's	___	Composting	___	National Garden Week	___

Other, please describe

Youth Chair contact information

Youth chair name (please print)

Address

City

Zip Code

Telephone

Email

Makes checks payable to GCNJ and mail to:

Susan Berdahl
72 Beechwood Dr.
Shrewsbury, NJ 07702