



Gardeners of America, Fort Wayne Youth Registration

Youth's Name			Age
Allergies and/or special needs_			
Parent/Guardian			
Address			
City	Stat	e	Zip
Phone	Email		
Please circle the section(s) you	wish to enter. You may	y enter mo	ore than one section.
1. Pumpkin OR Gourd	2. Sunflowers	3. Co	ontainer Gardening
4. Favorite Flowers 5.	Perfect Plant 6. Ot	her:	
Each section has three phases: P We'd like to use a photo of your Gardeners of America.	•		•
☐ TGOA may use photos of thi	s youth.		
☐ TGOA may NOT use photos	of this youth.		
Parent/Guardian name (print)			Date
Signature		Circle	e: Parent or Guardian
Send large-format digital image each photograph.	s to goafortwayne@gn	nail.com v	vith youth's name on
Please send your forms to goafo Chair Kay Musgrave at 425 Gal a message at 260-492-6233.			

We can't wait to see your entries!

Find this form and other Youth Gardening news and ideas at gardenersofamerica.club.