

Wollaston Garden Club
P.O. 147 Quincy, MA 02170
PROGRAM CONTRACT

WGC Use Only
Check # _____
Voucher # _____
Date _____

Lecturer: _____

Organization: _____

Address: _____

Phone: _____

Email: _____ Website: _____

Program Subject/Title: _____

Program Day & Date: _____ Time: _____

Meeting Location/Format: Wollaston Congregational Church Social Hall 48 Winthrop Ave, Quincy, MA 02170
 Zoom

Program Needs	Provided by Speaker	Provided by Club
Flowers		
Projector		
Screen		
Sound System		
Extension Cords		
Tables (quantity)		
Table Covers		
Other Items		

If applicable: Number of Helpers Needed: _____ At what time: _____

FEE for lecture: _____ MILEAGE (*if applicable*): _____

Charge for plant material, not to exceed: _____

Note: *If Club is charged for plant material, we expect to own it.*

Please provide a brief description of your program along with a short biography which might be used as an introduction or for publicity purposes. Thank you.

WGC Contact: _____ Phone: _____

SIGNATURES

Lecturer: _____ Date: _____

Program Chairperson: _____ Date: _____