



Certificate of Achievement in Floral Design Enrollment Form

Date of Enrollment: _____

Name	
Mailing Address	
City, Province, Postal Code	
Day Phone	
Email	
TBG Member (Yes or No)	

I have received the outline of courses and understand the hour requirements and that I must complete each course. Class participation is tracked by the instructor and attendance sheets are kept on file.

Signature

Please complete this form and return to: Program Coordinator
Toronto Botanical Garden
777 Lawrence Avenue East
Toronto, ON M3C 1P2
Fax: 416-397-1354

Completed Date:	
Certificate Presented:	
Certified by:	
	Program Coordinator