



**AMERICAN ROSE SOCIETY
CONSULTING ROSARIAN SCHOOL
REQUEST FORM**

District: _____

Date: _____

Name of sponsoring Rose Society: _____

Name of Contact Person: _____

Address: _____

City, State, Zip + 4: _____

Phone # (day): _____ (night): _____

E-mail address: _____

Date and times of proposed school: _____

Location of proposed school: _____

Name the proposed programs and speakers (a talk on chemical safety is required).

SEND THIS COMPLETED FORM TO YOUR DISTRICT CHAIRMAN OF
CONSULTING ROSARIANS AT LEAST 90 DAYS BEFORE THE PROPOSED
SCHOOL – Jolene Adams, 776 Pinedale Court, Hayward, CA 94544, or e-mail to:
jolene_adams@comcast.net

FOR ARS OFFICE USE ONLY

COPY TO NATIONAL CHAIRMAN _____
ARS MAGAZINE CALENDAR _____
DISTRICT CHAIRMAN OF CR'S _____