

2026 Daffodil Day Luncheon Registration Form

**Hosted by the Michigan Division of the Woman's National Farm & Garden Association
Wednesday, April 15, 2026 – Detroit Yacht Club, Belle Isle**

10-11:30 am: Tour of the renovated **Belle Isle Casino** and visit the Belle Isle Conservatory.

11:00 am: Luncheon check-in begins; pop-up shopping featuring The Peacock Room, Rebel Nell, Laurie Tennent Botanicals, Megan Swoyer, Little Cottage Designs and Daffodils4Detroit.

Noon: Lunch is served. MENU: Crispy Chicken Salad, rolls, a lemony dessert, and **Daffodil Delight** beverage.

12:45 pm: Keynote speaker: **Heather Grondin**, Chief Relations Officer (Windsor-Detroit Bridge Authority)

**Register for Daffodil Day
online or on paper form
below.**

\$60 through March 31

\$70 – April 1 - 7

Registration deadline: April 7



Gordie Howe International Bridge

Make check payable to: **Michigan Division WNF&GA**
Mail check & registration to:
Pat Brown, 31616 Lexington, Warren, MI 48092
Questions: patb501946@gmail.com or 586-530-7922

Registration and payment can be completed online using PayPal or a credit card. Purchase at:
<https://www.michiganwnfga.org/daffodils4detroit.html>
The Michigan Farm & Garden Foundation is a 501(c)(3) nonprofit organization.

Maximum of **8** people per table. Please check **ONE** OPTION below:

1. _____ I am reserving an entire table of 8. A check is enclosed, **all 8 names are listed below, and meals selected.**
2. _____ Please seat me with other members of my branch.
3. _____ **NO SEATING PREFERENCE.** Seat me at any open table.
4. _____ *****I would like to sit with the 7 attendees listed below. They will register separately.

***NOTE:** All 7 additional registrations & payments must arrive by April 7 to reserve the full table.

Circle **C** (Crispy Chicken Salad) or **V** (Vegetarian) after each name.

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|--|-----|---|-----|-------|-----|-------|----------|
| _____ | C V | _____ | C V | _____ | C V | _____ | C V |
| _____ | C V | _____ | C V | _____ | C V | _____ | C V |
| Name _____ | | _____ | | _____ | | _____ | |
| Address _____ | | _____ | | _____ | | _____ | |
| City, State, Zip _____ | | _____ | | _____ | | _____ | |
| Email _____ | | _____ | | _____ | | _____ | |
| Branch name/Title _____ | | _____ | | _____ | | _____ | |
| Check ONE : Greek chicken salad _____ or Vegetarian _____ | | _____ | | _____ | | _____ | |
| Additional dietary restrictions _____ | | (notecards also available for purchase at luncheon) | | | | | |
| Telephone _____ | | Total Purchase | | | | | \$ _____ |

- No Confirmation will be sent. Please make a copy of your registration form and check.