

CANADA BLOOMS HORTICULTURAL ENTRY FORM

A copy of this form must accompany each entry. Please print clearly.

EXHIBITOR'S NAME: _____

Fold back (Exhibitor's Name) along dotted line.

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| SECTION | CLASS |
| BOTANICAL NAME | COMMON NAME |
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| FOR OFFICIAL USE ONLY | |
| 1 st | _____ |
| 2 nd | _____ |
| 3 rd | _____ |
| HM | _____ |

HORTICULTURAL REGISTRATION FORM

A completed version of this form must be received by mail, email or fax by Monday, March 6, 2017. Please print clearly.

Mail to: Canada Blooms Entries, 777 Lawrence Avenue East, Toronto, ON M3C 1P2

Email: cbentries@hotmail.com Fax: 416-447-1567

Note: Registration Form available on Canada Blooms' website www.canadablooms.com.

EXHIBITOR _____ GARDEN CLUB/HORTICULTURAL ORGANIZATION (IF APPLICABLE) _____

ADDRESS _____

CITY _____ PROVINCE/STATE _____ POSTAL CODE/ZIP _____

TEL _____ FAX _____ EMAIL _____

| SECTION | CLASS | BOTANICAL NAME | COMMON NAME | OFF. USE |
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