**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.

FOR OFFICIAL USE ONLY

1st

2nd

3rd

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| SECTION | CLASS |
| BOTANICAL NAME | COMMON NAME |

**HORTICULTURAL REGISTRATION FORM**

A completed version of this form must be received by mail, email or fax by Monday, March 7, 2016. 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)

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CITY PROVINCE/STATE POSTAL CODE/ZIP

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