

Horticultural Entry Form

EXHIBITOR'S NAME

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

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

SECTION	CLASS	FOR OFFICIAL USE ONLY
BOTANICAL NAME	COMMON NAME	1 ST
		2 ND
		3 RD
		HM

Horticultural Registration Form



CANADA BLOOMS

A completed version of this form must be received by Friday, March 6, 2010. **Please print clearly.**
 Mail, fax or email to: **Canada Blooms**, Attention: Competitive Classes, 777 Lawrence Avenue East, Toronto, Ontario M3C 1P2;
 Fax: 416-447-1567; or email: info@canadablooms.com
 Note: Registration Form available on Canada Blooms' web site: www.canadablooms.com It may be sent as an attachment.

EXHIBITOR _____

ADDRESS _____ CITY / TOWN _____ PROV / STATE _____ POSTAL CODE / ZIP _____

TEL _____ FAX _____ E-MAIL _____

GARDEN CLUB / HORTICULTURAL ORGANIZATION (IF APPLICABLE) _____

SECTION	CLASS	BOTANICAL NAME	COMMON NAME	OFF. USE

Forms

Please photocopy as required.



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