



Horticulture Registration Form
Plant City Garden Club
Florida Strawberry Festival

- ☐ Adult (Age 18 & Up)
☐ Intermediate (Grades 6 -12)
☐ Youth (Grades K-5)

NAME: _____ PHONE: _____

ENTRY # _____

ADDRESS: _____

(Entry # to be filled out day of drop-off)

CITY: _____ ZIP: _____

Plant City Garden Club Member ☐ Yes ☐ No (OR) Name of Club / School _____

PLANT NAME	*DIVISION	*NOTES
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Fill out first line Common Name / second line Scientific Name *Division & Notes to be filled out day of drop-off*

1		
2		
3		
4		

PLEASE FILL THIS FORM OUT AND BRING IT WITH YOUR PLANTS TO BE DROPPED OFF at Strawberry Festival Horticulture Exhibit