



**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 #** \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

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**