

Please fill out 2 forms per entry.

<b>ARTISTIC BLOOMS CONTEST</b>		<b>Exhibitor #</b>		
		<b>Name:</b>		
		<b>AGE GROUP- Check one</b>		
		<input type="checkbox"/> Adult 19+ years <input type="checkbox"/> Youth 12- 18 years		
		<b>Description:</b>		
<i>I declare that the work entered is at least 75% original work.</i>		<u>Signature of Exhibitor</u>		
<b>CLASS #:</b>				
<b>Email &amp; Phone #</b>				

<b>ARTISTIC BLOOMS CONTEST</b>		<b>Exhibitor #</b>		
		<b>Name:</b>		
		<b>DIVISION- Check one</b>		
		<input type="checkbox"/> Adult 19+ years <input type="checkbox"/> Youth 12- 18 years		
		<b>Description:</b>		
<i>I declare that the work entered is at least 75% original work.</i>		<u>Signature of Exhibitor</u>		
<b>CLASS #:</b>				
<b>Email &amp; Phone #</b>				