



2025 Horticulture Registration Form

Plant City Garden Club

Florida Strawberry Festival

- Adult (18 & Up)
- Intermediate (6th -12th)
- Youth (K-5th)

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
	<u>Fill out first line Common Name / second line Scientific Name</u>		<u>*Division & Notes to be filled out day of drop-off*</u>
1			
2			
3			
4			
5			

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