

RETURN SHIPPING FORM

Please only complete this form for materials that require return shipping to the recipient's home.

EXHIBITOR NAME Garden Club

Email Phone

Address

City State Zip

ITEM DESCRIPTION TO BE SHIPPED

DIVISION CLASS

Please provide credit card for Div. I: Floral Design only.

American Express Discover MasterCard Visa

Credit Card Number Expiration Date

Name (as it appears on card)

Signature Date

PLEASE SEND FORM AND PAYMENT TO:

Helen Maxson
2200 Willowick Rd. #5DE
Houston, TX 77027

email: helenhmaxson@aol.com

