

REGISTRATION FORM
Region 11 Summer Regional
Wichita, Kansas

July 4, 5 & 6, 2008

Name(s): Please print as it should appear on name badge(s).

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

JUDGES CLINICS AND WORK SHOPS: I wish to attend:

Exhibition judging: Clinic 2 _____

Exhibition judging: Clinic 3 refresher _____

Garden judging Clinic 2 _____

A \$5 fee will be collected at the start of the training.

Please note any special dietary or physical needs:

REGISTRATION FEE:

\$100 PER PERSON _____ NUMBER OF PEOPLE Total _____

After June 18, 2008, the fee will be \$125 per person Total _____

Make checks payable to Wichita Daylily Club.

Mail to:

Sherryl Fitzpatrick
2869 N. Tee Time Ct.
Wichita, KS 67205