

## Exhibition Judges Clinic Student Registration Sheet

Clinic I    Clinic II    Clinic III (Refresher)  
(Circle One)

Sponsoring Organization: \_\_\_\_\_

Date of Clinic: \_\_\_/\_\_\_/\_\_\_ Clinic Location: \_\_\_\_\_

Registration number	Name	Address	Amount paid
1		Home: Email:	
2		Home: Email:	
3		Home: Email:	
4		Home: Email:	
5		Home: Email:	
6		Home: Email:	
7		Home: Email:	
8		Home: Email:	
9		Home: Email:	
10		Home: Email:	
11		Home: Email:	
12		Home: Email:	
13		Home: Email:	
14		Home: Email:	

Registration number	Name	Address	Amount paid
15		Home: Email:	
16		Home: Email:	
17		Home: Email:	
18		Home: Email:	
19		Home: Email:	
20		Home: Email:	
21		Home: Email:	
22		Home: Email:	
23		Home: Email:	
24		Home: Email:	
25		Home: Email:	
26		Home: Email:	
27		Home: Email:	
28		Home: Email:	

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**Return this form along with FEES collected to me within 7 days:**

**Bruce Kovach-Exhibition Judges Expeditor  
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770-815-8921  
Email: centerpiecegardens@yahoo.com**