

Festival of Trees



Registration Form

Entry Name: _____

Contact Person: _____

Address: _____

Email Address: _____

Telephone Number: _____

Category of Entry (please check one):

- Commercial/Retail
- Organization
- Child/Children (10 and under)
- Child/Children (11 and over)
- Individual Adult

*Please return completed forms to the Civic Centre Box Office
or scan and send to cgillis@townofph.ca or fax 902-625-2798*

