



Date: \_\_\_\_\_

## Registration form

Exhibitor (please check one: Individual \_\_\_\_\_, Group \_\_\_\_\_, School \_\_\_\_\_)

\_\_\_\_\_  
Name of Scarecrow

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

Is your scarecrow? Traditional \_\_\_\_\_ Scary \_\_\_\_\_ Funny \_\_\_\_\_

Check if you consent for the Friends of City Park to display your scarecrow during  
Ghosts in the Oaks October 21<sup>st</sup> -23<sup>rd</sup>? \_\_\_\_\_

### **Please mail registration form to:**

New Orleans Botanical Garden

1 Palm Drive

New Orleans, Louisiana 70124

or fax to 504-483-9485 or e-mail to [nogbeducation@nocp.org](mailto:nogbeducation@nocp.org)

### **For more information contact:**

Lindsay (504)483-9473 or email [nobgeducation@nocp.org](mailto:nobgeducation@nocp.org)