



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 _____

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

For more information contact:

Dov (504)483-9470 or email nogbeducation@nocp.org or Susan (504)483-9473 or

email scapley@nocp.org