Participant Registration Form

Festival of Wreaths

December 7th, 2018 Downtown Hazleton · First Friday Future Hazleton Art Center (31 W. Broad St.)

Contact Name:				
Business or Organization Na	ıme (if ap	oplicable):		
Address:				
Telephone (primary):		Cell:		
Email Address:				
I will be entering: (check one):	Wreath	Artwork	
If wreath, choose type (chec	k one): _	Live	Straw	Stryofoam
	_	I will sup	ply/create my ow	n
If artwork (check one):	d a canvas	I will supp	I will supply my own	
I have read the event and c I agree to drop off my wrea I understand that all items	th/artwo	ork by the dea	dline specified.	-
Signature/date				
Q	ntown Ha 8 W. Broa Ha uestions:	n completed forr azleton Alliance ad Street, Suite zleton, PA 1820 Contact Kathy B gmail.com or ca	for Progress M-1490 1 estwick at	