REGISTRATION FOR BUDDY POPPY DISPLAY CONTEST
ANNUAL STATE/DEPARTMENT MID-WINTER CONFERENCE

School Name:	Class:
Point of Contact:	Phone #:
Email Address:	
Address:	
Post/Auxiliary:	

Number of Poppies used in Display _____

Name of Person/Persons responsible for setting up & taking down the display.

Your Signature & Title_____

NOTE: This entry form must accompany your display to the designated area at the State/ Department Mid-Winter Conference prior to 12:00 noon on Friday. A form must be completed for each display.

Display No. Leave Blank _____
(Filled by Buddy Poppy State Chairman)