4

‘ON THE CREST OF A WAVE’

APPLICATION FORM

RHS Wisley Garden Flower Show – Floral Art Competition.

I wish to compete in\*ONE/TWO classes. (\*delete as applicable) I have indicated

my choice by WRITING 1st Choice, 2nd Choice, 3rd Choice, 4th Choice on the

dotted lines. In the event that my choices are oversubscribed I have indicated

with an X against any classes that are not acceptable.

Class 1 PORT OF CALL ……………………………………………..

Class 2 BEACHCOMBER ……………………………………………..

Class 3 TROPICAL ISLE ……………………………………………..

Class 4 SHE SELLS SEA SHELLS ……………………………………………..

Class 5 TREASURES FROM THE DEEP ……………………………………………..

Class 6 ON THE CREST OF A WAVE ……………………………………………..

Class 7 UNDER THE SEA ……………………………………………..

Class 8 ALL WASHED UP ……………………………………………..

**BLOCK CAPITALS PLEASE**

**NAME …………………………………………………………………………………………………**

**ADDRESS ………………………………………………………………………………………………………**

**POST CODE ……………………………………..TEL NO …………………………………………………**

**NAFAS FLOWER CLUB/AREA ………………………………………………………………………….**

**SECOND NAME FOR CLASSES 1 …….……………..…………………………………………………**

**EMAIL ADDRESS……………………………………………………………………………………………..**

Please send a separate returnable deposit of £25 for each entry.

Please enclose separate cheques to enable ease of return, with your name

and address on the reverse. **£4 entry fee per class will be collected at time**

**of staging. S.A.E. is NOT required. This will be provided by**

**the show committee.**

This form must be received with cheques between;

**SATURDAY 5TH JUNE and SATURDAY 19TH JUNE,** **NOT BEFORE AND NOT AFTER.**

All cheques must be made payable to Surrey Area of NAFAS Wisley.

**PLEASE RETURN APPLICATION FORM TO:**

**MARCIA ATKINSON**

**5 MALCOLM GARDENS**

**HOOKWOOD, HORLEY, SURREY, RH6 0AN**

[**TEL:-01293**](TEL:-01293) **270681**

STEWARDING

It is expected that competitors will steward for at least one session. Please indicate below your choice of time slot. Times are not guaranteed as they will be allocated on a first come first served basis. If you would like to steward at the same time as another member please state their name below.

Mail this completed form with your application to:

**MARCIA ATKINSON,**

**5 MALCOLM GARDENS, HOOKWOOD, HORLEY, RH6 0AN**

Please enclose a s.a.e. if we cannot contact you by email to confirm

your times.

NAME…………………………………………………….TEL NO……………………………………

ADDRESS………………………………………………………………………………………………..

………………………………………………………….POST CODE………………………………..

EMAIL ADDRESS…………………………………………………………………………………….

I would like to steward with…………………………………………………………….……

Please indicate your preferences below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 9.30am-11.00am | 11.00am -  12.30pm | 12.30pm -  2.00pm | 2.00pm -  3.30pm | 3.30pm -  5.00pm |
| Tues 7th Sept |  |  |  |  |  |
| Wed 8th Sept |  |  |  |  |  |
| Thurs 9th Sept |  |  |  |  |  |
| Fri 10th Sept |  |  |  |  |  |
| Sat 11h Sept |  |  |  |  |  |
| Sun 12th Sept |  |  |  |  |  |

R.H.S. members please tick box Competitor Please tick

Stewarding Officer – Mrs Pat George

Email: mikenpatg@gmail.com