

James J. Smith Memorial Bonsai Entry Form

Owner(s) _____

Address: _____

Phone: _____ Email: _____

Bonsai style: _____ Bonsai name: _____

Species: _____

Number of years in training: ____ Dimensions: _____

Live Bonsai/Photo (circle one) Estimated Value: _____

Provenance: _____

Do you need assistance delivering the bonsai?

I hereby grant permission for my tree to be displayed:

Signature:

Date: