



AHS Display/Historical Garden Annual Renewal

Name: _____ Region: _____

Garden Name: _____

Have there been any changes to your garden information? Yes _____ No _____

If yes, please include the changes below:

Your name : _____

Garden name: _____

Street Address: _____

City _____ State _____ Zip: _____

Phone number (may list multiples): _____

Email: _____

Web site URL: _____

Signature: _____

Date: _____

Mail completed form to: Sue Hill
8495 County Rd G
Verona, WI 53593
displaygardens@daylilies.org

updated 3/21