



## AHS Display Garden Annual Renewal

Name: \_\_\_\_\_

Garden Name: \_\_\_\_\_

Region: \_\_\_\_\_

Do you want to continue as a Daylily Display Garden next year?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

If yes, please make changes below:

Garden Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website URL: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed form to:  
Sue Hill, Display Gardens Chair  
8495 county Road G  
Verona, WI 53593