

# Point Phillip Perennials Hypertufa Class Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Class Name \_\_\_\_\_

Class Date \_\_\_\_\_

# of People \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

**Send check to:**

**Point Phillip Perennials  
2764 West Scenic Dr.  
Danielsville, PA 18038**