



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: _____