DOESHA CUP 2009
SUBMISSION APPLICATION

NAME _____

ADDRESS _____
_____

CONTACT NAME _____

CONTACT # _____

STRAIN NAME: _____

NAMES FOR TICKETS **1.**_____

***CAREGIVER/PATIENT?** _____

2._____

***CAREGIVER/PATIENT?** _____

CIRCLE ONE: INDICA SATIVA HYBRID

_____

FOR OFFICIAL USE ONLY

WEIGHT _____ APPROVED BY _____ DATE _____