Registration Form 2024

(716) 265-8195
info@compass716.com
www.apollocannaco.com

MUST BE 21

Cultivator Information

Name _____

Date Of Birth _____

Phone Number _____ Email _____

Address _____

_____

How many years you are experienced as a cultivator? _____

Category

- ◯ Indoor
- ◯ Outdoor

Sub Category

- ◯ Sativa
- ◯ Hybrid
- ◯ Indica

Flower Information

Flower Name _____

Cross Genetics _____ X _____

Grow Type

- ◯ Soil
- ◯ Hydro
- ◯ Other, List _____

Required Checklist

- ◯ $80 Entry Fee
- ◯ 5 Grams of Flower
- ◯ Text Flower Pictures to 716-265-8195, with your first and last name

Submission

Submit this form and $80 entry fee at Apollo Canna Co: 380 Parkway Dr, Salamanca NY

Additional Information

Please provide any additional information or special requests below.

_____

_____

I hereby certify that all information provided on this form is accurate and complete to the best of my knowledge

_____

Signature **Date**