TREE DESIGNER WORKSHEET

Worksheet Due Date: **October 14, 2007**

Mail Worksheet To: Monica Marroquin
Riverside County Regional Medical Center Foundation
PO Box 9850
Moreno Valley, California 92552

FAX To: 951-486-4499 Questions: Please call 951-486-4213

TITLE OF TREE: _____

DESIGN TYPE: Elegant _____ Traditional _____

Theme _____ Other _____

COLOR SCHEME: _____ Space Design: _____

TREE DESCRIPTION: _____

_____

DESIGNER NAMES: **(As they should appear in program and on signs. Please no more than 4 names and PRINT legibly.)**

_____ _____

_____ _____

Contact Name: _____ Phone: _____

Address: _____

City/State/Zip: _____ Email: _____

ITEMS UNDER TREE:

____ All items go with tree **OR**
____ I will return to the Convention Center at 5PM on Sunday 11/25 to pick up items I want back

_____

_____

_____

Any other special instructions or information for Festival organizers and tree movers:

_____