

Ribbon, Paper, Scissors Registration Form

Please print and mail this completed form
along with your deposit to:

Lori Martin or Christy Steele
4615 Mt Gallant Rd Rock Hill, SC 29732

Name: _____

Mailing
Address: _____

Phone: () _____

E-mail: _____

Crop
Date: _____

Roommates: _____

I have read and agree to the terms and conditions
including the cancellation policy at
ribbonpaperscissors.com

Signature _____