



SEND COMPLETED FORM TO CASP (EMAIL/MAIL)



EMAIL: CORVAD@GMAIL.COM

MAIL ADDRESS: 6701 GREENWOOD AVE N, SEATTLE, WA 98103

SAMPLE DROP-OFF LOCATION: 3700 Pacific Hwy E. #400, Fife, WA 98424

OR contact Terpene Transit for Sample Pickup. Call: 253-677-3853

2017 TERPESTIVAL ENTRY FORM
(CO2 AND NON-SOLVENT CONCENTRATES ONLY)

DEADLINE: FRIDAY MAY 26TH OR UNTIL MAXIMUM ENTRIES REACHED

THANK YOU FOR ENTERING THE 3RD ANNUAL TERPESTIVAL! MEDICINE CREEK ANALYTICS AND THE CENTER FOR STUDY OF CANNABIS AND SOCIAL POLICY APPRECIATE YOUR SUPPORT AS THEY CONTINUE TO PUSH THE CANNABIS INDUSTRY AND SOCIAL POLICY FORWARD.

1. Participants information

Your Name: _____

Name You Would Like Announced If You Win: _____

Brand / Farm Name: _____

Region: _____ (Please Indicate) Farm Type: Indoor Outdoor

Phone: _____ E-mail: _____

2. About Entry #1: Name of Strain: _____

(Please Indicate) Entry Type: Flower Concentrate (Indicate) Grown by: Seed Clone

(If Applicable) Concentrate type: Bubble Hash Rosin Raw CO2 Ice Wax Dry Sift

Harvest Date: _____ Grown in County/Region: _____

3. About Entry #1: Name of Strain: _____

(Please Indicate) Entry Type: Flower Concentrate (Indicate) Grown by: Seed Clone

(If Applicable) Concentrate type: Bubble Hash Rosin Raw CO2 Ice Wax Dry Sift

Harvest Date: _____ Grown in County/Region: _____

4. Entry Fee(s) - \$250 per entry (Flower or Concentrate)

Includes two (2) tickets to the event, plus lab results.

Total Entries: _____ Payment Method: _____ Payment Total: _____

Date: ____/____/____ Signature: _____