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I am at least 18 years of age and am competent to contract in my own name or business name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Name _____ Reference # _____

E-mail Address _____ Telephone _____

Description of photo(s) _____

Signature _____ Date _____

Strain Submission Form

Optional form, if you would like to fill out this form for each strain you submit we are likely to use your information. We may still change this information for the new card.

Name of Strain: _____

Parents: _____

Days to Flower: _____ Circle one of the following: Indica Sativa Hybrid

THC%: _____ CBD%: _____

Circle one, five being the highest: Yield: 1 2 3 4 5
Grow Difficulty: 1 2 3 4 5

Suitable for indoor: Yes / No Outdoor: Yes / No

Special notes about this strain:
