

2015 STATE CAPITOL TREE LIGHTING CEREMONY

SHIPPING FORM

(FORM MUST BE INCLUDED WITH ORNAMENTS)

NAME OF CENTER/PROGRAM: _____

CONTACT PERSON / TITLE: _____

STREET MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT TELEPHONE NUMBER: _____

CONTACT EMAIL: _____

DIGITAL PHOTOGRAPHS OF THE TREE MAY BE DOWNLOADED FROM DDS
WEBSITE at: <http://www.dds.ca.gov/Newsroom/TreeLighting.cfm>

Please include a brief description of ornaments shipped:

TOTAL NUMBER OF ORNAMENTS SHIPPED: _____

TOTAL NUMBER OF BOXES SHIPPED: _____