Alliance
CARNATION FESTIVAL
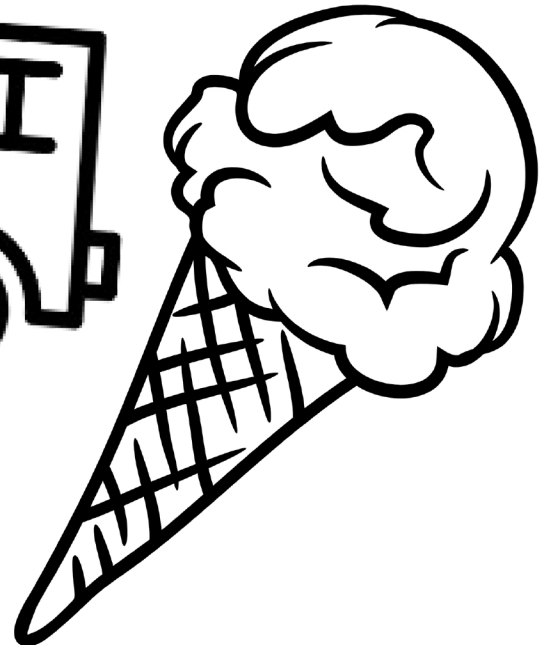
Ohio

First Name Only: _____ **Age:** _____

Phone Number: _____