

2010 Scarecrow Contest Entry Form

Please neatly print all information



Name: _____
Contact Person: _____
Mailing Address: _____
City: _____
Phone: _____
Email: _____

() Individual () Business: _____
name
() Resident () Organization: _____
name

Category: _____ **Name of Scarecrow:** _____

IMPORTANT:

For voting purposes, please give a NAME to your entry on this application.

By signing this Entry Form, I hereby agree to the Contest Rules as outlined. I also hereby release and hold harmless ABCD, its employees, officers and agents from any and all claims for loss, damage or injury incurred by Scarecrow Contest creations, participants, their employees and/or agents.

Signature: _____ Date: _____

(Parent/Guardian must sign if participant is a minor)

Make Check out to: ABCD and contact 703-7689
to get your scarecrow kit.

SCARECROW SPONSERS:



Lee's Nails



Bob's Seafood

Mavor Peter Elco

Joe & Johns Italian Restaurant



Vic's Sub Shop



Victorias Hair Salon

OFFICE USE ONLY:

() Received scarecrow package ASSIGNED VOTING NO. -----
() Pole Assignment: _____
() Received () check No. _____ () cash