

REGISTRATION FORM – SCARECROW COMPETITION

NAME: _____

ADDRESS: _____

TOWN: _____

TELEPHONE: _____

LOCATION OF SCARECROW (*civic number and road*):

Class 1: General

- Section 1: Single Scarecrow
- Section 2: Multiple Scarecrows

Class 2: Commercial

- Section 1: Single Scarecrow
- Section 2: Multiple Scarecrows

Please fill in this form and return it with a loonie to:

Chelsea Hope

4892 River Road, Martintown ON

or drop off at Alex McDonald Grocery in Williamstown in specially marked box

Please mark the envelope “Scarecrow Contest”