

SCARECROW CONTEST REGISTRATION

PLEASE COMPLETE AND MAIL TO: EMMA KRUMBEE'S SCARECROW CONTEST, 311 ENTERPRISE DRIVE EAST, BELLE PLAINE, MN 56011 OR FAX TO: 952-873-3721.

FIRST NAME	LAST NAME		
GROUP NAME (OPTIONAL)			
ADDRESS			
ADDRESS 2			
CITY	STATE	ZIP	
TELEPHONE (DAY)	TELEPHONE (EVENING)		
EMAIL ADDRESS			
REGISTER MY SCARECROW IN THE FOLLOWING CATEGORY:	REGISTER ME IN THE FOLLOWING AGE CATEGORY:		
☐ TRADITIONAL HARVEST SCARECROW	☐ YOUTH - PRESCHOOL THROUGH GRADE 6		
☐ CELEBRITY SCARECROW	☐ TEEN - GRADE 7 THROUGH GRADE 12		
☐ HUMOROUS	☐ FAMILY/ADULT - 18 YEARS AND OLDE	ER	
NAME OR TITLE OF SCARECROW (OPTIONAL)			
BY SUBMITTING THIS FORM, I AGREE TO LEAVE MY SCARECROV I UNDERSTAND THAT MY SCARECROW AND ALL OF ITS PARTS B			
OLOMATURE.		_	
SIGNATURE	DATI	<u>t</u>	