SCAREatoga Scarecrows

SCARECROW PARTICIPATION FORM

Please submit this completed form with your scarecrow at drop-off.

DROP-OFF DATES: SEPTEMBER 25 - OCTOBER 9

Name of Participant: _____

Phone #: _____

Email Address: _____

Competition Category

Please check ONE category you are entering your scarecrow to win:

- ☐ Funniest
- ☐ Scariest
- ☐ Best Organization
- ☐ Most Original
- ☐ Most Creative

Scarecrow Name/Title (optional): _____

IMPORTANT REMINDER

Your scarecrow and completed participation form must be dropped off between September 25 and October 9.

FOR OFFICE USE

Date Received: _____ Received By: _____