



Scarecrow Contest Entry Form

Organization/Business Name: _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Scarecrow Information:

Name or Title of Scarecrow: _____

Please provide a brief description of your entry:

Bring entry form and Scarecrow to:
Rising Sun Main Street

ALL ENTRIES MUST BE RECEIVED BY OCTOBER 1, 2018



**Rising Sun Main Street
103 S Walnut Street
Rising Sun, IN 47040
438-2750**

Email: risingsunmainstreet@gmail.com