





APPLICATION

CONTESTANTS NAMES AND AGES:	
CONTACT INFORMATION: PHONE/CELL	
HOME ADDRESS:	
EMAIL:	
EMERGENCY CONTACT:	
1. THEME: STORE:	
CATEGORY CHECK ONE	
Students: K- 6 th Grade (1-4 students) Students must be	supervised by a parent/guardian.
Students: 7th -12 th Grade (1-4 students) Students must	be supervised by a parent/guardian.
Mixed Age Group (1-6 persons) Youth groups must b	e supervised by their adviser/adult.
Adults or Professional (1 Person)	
<u>Community Service</u> : Regulations don't allow cash pri	zes. You will be given a certificate of appreciation
<u>PEOPLES CHOICE PRIZE:</u> All categories are included in this vote. If the area.	Ballot boxes will be placed at various businesses i
PLEDGE AND GENERAL RELEA	<u>SE</u>
PLEDGE: I/We commit our time and talent to the execution of a	a window painting at the above-named
location on Nov.19 or Nov20 rain date 2017. I/We accept that s	signing this application creates a bond
between the contestant(s) and the store owner and pledge to f	follow through on our commitment and to
conduct ourselves responsibly. I/We further pledge to remove	the painting no later than January 14, 2017
GENERAL RELEASE: By entering the contest or accepting the property Area Chamber Commerce, and their directors, officers and represent the contest or with the acceptance, possession, or use of the prize.	resentatives from liability whatsoever for kind arising out of or in connection to the
Print Name of Parent, Guardian or Advisor:	
Signature of Parent, Guardian or Advisor:	Date:
Print name of storekeeper or property owner:	
Signature of storekeeper or property owner:	Date: