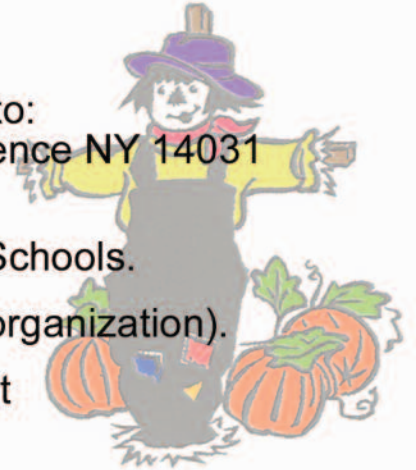


Scarecrow Contest REGISTRATION FORM

Please print all information neatly and mail completed registration form and \$10 fee to:
CLARENCE HOLLOW ASSOCIATION, "Scarecrow Contest", 10803 Main St., Clarence NY 14031
Checks payable to the: Clarence Hollow Association.



Contest is open to Individuals, Organizations, Families, Businesses, Churches and Schools.

Entry Fee is \$10.00, which will go to The Clarence Hollow Association (a non-profit organization).

PLEASE CAREFULLY READ THE SCARECROW CONTEST GUIDELINES online at www.clarencehollow.org before sending in Registration Form and Fee.

-----cut here-----

Name Business,
Organization, etc: _____

Contact Person: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

-----OFFICE USE-----

APPLICATION REC'D ON:	NUMBER OF ENTRIES:	CHECK # (PAYMENT):	CASH PAYMENT	AMOUNT RECEIVED
				\$