



Application for Annual Scarecrow Contest

Individual/Group Name: _____

Contact Representative: _____

Address: _____

City, State, Zip: _____

Phone: Day _____ Evening _____

Email: _____

Check category:

____ Youth(ages 15 & under) ____ Individual(ages 16 & older)

____ Artist ____ Group ____ Business

Description of Scarecrow:

Location of Scarecrow Desired:

You will be contacted as to where you may set up your scarecrow.
Applications may be dropped off at WINY Radio, The Arc Emporium or fax
back @ (860) 774-4265.

Questions? Call Linda Lamoureux:

Day (860) 774-2827

Evening (860) 928-0025