Scarecrow Contest Registration Form

Participant Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Scarecrow Details:

Scarecrow Name (if applicable): _____

Category (Please select one):

[ ] Individual/Family/ Group Scarecrow

[ ] Business/Organization Scarecrow

Consent and Agreement:

By signing below, I agree to the following:

- understand that the Scarecrow Contest is a family-friendly event and will ensure that my scarecrow is appropriate for all ages.
- will abide by all event rules and regulations.
- understand that the event organizers are not responsible for any lost, stolen, or damaged items.
- grant permission for photos of my scarecrow to be used in promotional materials and on social media.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Additional Information:

Setup Time**: 9:00 a.m. On Saturday, September 19, 2026**

Event Contact Person: Angela Keppler akeppler@creswellor.gov

For Office Use Only:

Date Received: _____

Scarecrow Number: _____