

**CITY OF TAUNTON  
OFFICE OF THE MAYOR**  
**DOWNTOWN SCARECROW CONTEST**



**ENTRY FORM**

SCHOOL NAME/ORGANIZATION/CLUB OR ATHLETIC TEAM:

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ADDRESS:

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CONTACT NAME:

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PHONE NUMBER:

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BREIF PHYSICAL DESCRIPTION OF SCARECROW FOR IDENTIFICATION PURPOSES:

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*BY APPLYING MY SIGNATURE BELOW, I AGREE THAT I HAVE READ AND WILL ABIDE BY THE CONTEST RULES. I UNDERSTAND THAT THE CITY OF TAUNTON MAY USE PHOTOGRAPHS AND NAMES OF SCARECROW DESIGNS FOR PUBLICITY OF THIS EVENT.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CITY OF TAUNTON  
OFFICE OF THE MAYOR**  
141 OAK STREET  
TAUNTON, MA 02780  
QUESTIONS - MAYOR'S OFFICE (508) 821-1001  
EMAIL: AHAGGERTY@TAUNTON-MA.GOV