



-FIRST ANNUAL- GINGERBREAD HOUSE DECORATING CONTEST REGISTRATION FORM

PARTICIPANT INFORMATION

FULL NAME: _____

AGE (IF UNDER 18) _____ PHONE #: _____

E-MAIL: _____

ADDRESS: _____

ENTRY DETAILS

TITLE / NAME OF GINGERBREAD HOUSE : _____



BRIEF DESCRIPTION : _____

CATEGORY



YOUTH (UNDER 18) _____

ADULT (18+) _____

FAMILY/GROUP _____

PROFESSIONAL _____

SUBMISSION DEADLINE & LOCATION

MONDAY, DECEMBER 9TH | 3:30-4:30PM | 425 WELLS ROAD

AGREEMENT



BY SUBMITTING THIS FORM, I AGREE TO ABIDE BY THE COMPETITION RULES AND ALLOW MY ENTRY TO BE DISPLAYED BY DOYLESTOWN TOWNSHIP.

SIGNATURE: _____ DATE: _____