



**COUPEVILLE
CHAMBER OF COMMERCE
SCARECROW TOUR 2024
ENTRY FORM**

Name of Business/Organization: _____

Scarecrow Name: *(Limit of 30 Char & Spaces)* _____

Scarecrow Location: _____

Contact Name: _____ Phone # _____

Contact Email Address: _____

Email entry to Sadieandme522@gmail.com or drop off at the Chamber Located at 905 NW Alexander St. Coupeville. If you **DO NOT** email the entry, be sure to **Text Rebecca** to insure you get on the **VOTING LIST & MAP** by Sept. 15th.

For ideas or more information on Scarecrows contact: **Rebecca Robinson at 360-929-2419**. For all other questions contact Lynda Eccles at 360-678-5434 Ext. 102

The Coupeville Chamber reserves the right to turn down an entry or eliminate a Scarecrow from the contest if it is deemed inappropriate.

Please read and sign the following before handing in your Entry:

- Scarecrows must be up and completed by end of day, 1st weekend in Oct. If you need more time, contact Rebecca.
- Scarecrows need to be removed by 1st weekend in Nov.
- I am responsible for the design, materials, labor, and upkeep of my Scarecrow.
- I will make sure the Scarecrow remains in good condition throughout October and safely secured.
- Scarecrow must not be offensive or scary.
- The Coupeville Chamber of Commerce and the Town of Coupeville assumes NO responsibility for my Scarecrow and will not be responsible for materials or items used to decorate the Scarecrow nor will they be held responsible for any damage, theft, or vandalism to Scarecrow at any time.

I HAVE READ AND AGREE TO ABIDE BY CONTEST RULES

Signature of Contact: _____ Date: _____