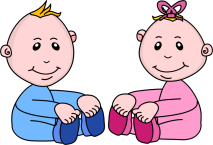
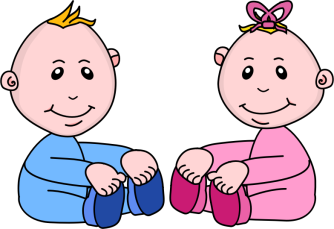
Morgan County Fall Foliage Festival

 2023 Baby Photo Contest

* **To participate, babies must be between the ages of newborn – 3 years.**
* **Must be a Morgan County resident.**
* **The following information must be on the BACK of the photo:**
  1. **Baby’s name and date of birth**
  2. **Parents name, address and phone number**
* **Photos should measure no more than 5x7 inch.**
* **Following the contest, photos may be picked up at the Fall Foliage Office no later than 10/17/2023.**
* **The Fall Foliage Festival is not responsible for lost, stolen or damaged photos.**
* ***A $5.00 entry fee must accompany the photo and completed entry form.***
* **Voting will take place from Thursday 10/12 5:00p-9pm thru Saturday 10/14 1pm-8:00p.**
* **The winner will be announced Saturday 10/14 8:30p.**
* **Donations are made at $1.00 per vote.**
* **The two photos receiving the highest dollar amount in votes will be deemed the winners. (ALL PROCEEDS GO TO THE FALL FOLIAGE FESTIVAL)**
* **Winning photos will receive a Fall Foliage Festival plaque**
* **Entry forms are available at the Fall Foliage Office 128 N Jefferson Street, Martinsville and online at morgancountyfallfoliagefestival.com**
* **Entries must be received by October 3, 2023.**
* ***No late entries will be allowed!***

**Morgan County Fall Foliage Festival**

**2023 Baby Photo Contest-Application**



**Baby’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Parents Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail or deliver this form, $5.00 entry fee and photo to:   
Fall Foliage Festival 128 N Jefferson St, Martinsville IN 46151   
All Proceeds benefit the Morgan County Fall Foliage Festival

The entry fee and picture **must be received** with the application. If you have any questions,   
please contact the Festival Office at 765-342-0332.   
  
$5.00 Entry Fee submitted (office use only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_