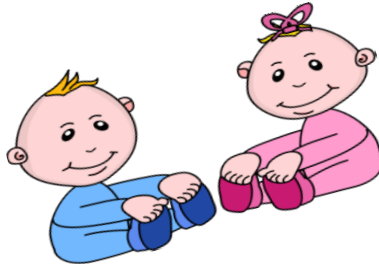


*Morgan County Fall Foliage Festival*  
*2025 Baby Photo Contest-Application*



*Baby's Name:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

*Parent's Name:* \_\_\_\_\_

*Parent's Email:* \_\_\_\_\_

*Parent's 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

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): \_\_\_\_\_