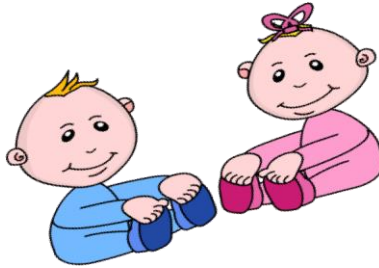


*Morgan County Fall Foliage Festival
2026 Baby Photo Contest Application*



Baby's Name: _____

Date of Birth: _____

Parent's Name: _____

Parent's Email: _____

Parent's Phone: _____

Address: _____

City: _____

County: MORGAN

State: _____ *Zip:* _____

*Do you plan to pick up your picture no later than 10/29/26
at the office after the contest? YES NO*

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): _____ Date: _____