6th Annual Wareham-Onset Scarecrow Festival Application

* REVIEW the rules below. * CHOOSE a category; Family/Individual, Business, School Group/Organization

*COMPLETE this entry form and return it to the Onset Bay Association, PO Box 799, Onset, MA 02558. *WATCH your e-mail for confirmation and a location designation. *DISPLAY your scarecrow at the designated location by Tuesday, October 15th, 2019 * WIN a prize if your scarecrow is selected! * REMOVE your scarecrow on Friday, November 1, 2019 Business/Organization/Individual Name____ Contact Email Address_____ Address Mailing Address Preferred Location* Category Scarecrow Name *All scarecrows will be assigned a location along Main Street or Onset Avenue. Please provide a detailed description of your scarecrow. * Scarecrows that are not registered or not in a designated location will not be eligible for prizes or judging. Security is not provided. * All entries must remain on display, and kept in good condition, from October 15th, through October 31st, 2019. All scarecrows MUST be removed by November 1st. Entries in multiple categories are permitted. Judging will take place the weekend of October 26th by members of the Wareham Garden Club and The OBA Beautification Team. * Scarecrows for display may reflect to promote a business, organization or event and may include weatherproof signage. * Scarecrows must be in good taste and constructed to withstand weather. Event organizers reserve the right to remove any scarecrow deemed inappropriate. * No items such as tiki torches or gas-powered generators allowed. Battery powered lights are permitted. By signing this entry form I/We hereby agree to the contest rules & release & hold harmless the Onset Bay Association and Wareham Village Association, its members, officers & agents from any & all claims for loss, damage or injury incurred by SCARECROW Contest participants.

Proudly presented by Onset Bay Association-www.onsetbay.org / Wareham Village Associationwww.warehamvillage.org. Call 508-295-7072 for information.

Signature:

Return this form to O.B.A., PO Box 799, Onset, MA, 02558