VERNON STREET FAIR & FARMERS EXPO CONTEST

Saturday, September 7, 2019   11am-4pm   Main Street in Vernon's Town Center

Sponsored by the Vernon Township Woman's Club

"ANYTHING PUMPKIN" RECIPE Contest Registration Form

Participants Name: _____

Guardians Name (if participant is under 18): _____

Date of birth for participant: _____   Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Anything Pumpkin Recipe Contest-*Ribbons and PRIZES for 1st, 2nd & 3rd Place in 2 categories*

- 12 & Under
- 13 & up

Rules:

1. **Submit registration by 9/1/19**
2. **Drop off entry by 12pm** on Saturday, September 7th at the Street Fair at the Vernon Woman's Club booth
3. Include written recipe with entry
4. PRIZES WILL BE **ANNOUNCED AT 1:00pm** at the Vernon Woman's Club booth

Mail to: Vernon Chamber of Commerce, PO Box 308, Vernon, NJ 07462 or Fax to 973-764-4515

ALL ENTRANTS UNDER 18 YEARS OF AGE MUST HAVE PARENTS/GUARDIANS FILL OUT THE FOLLOWING SECTION:

I hereby grant permission for my child to participate in the Vernon Chamber of Commerce Street Fair Contest as indicated on this form. . I understand that my child participates in these activities at their own risk and that THE VERNON CHMABER OF COMMERCE and its volunteers are not liable for any injury personal or otherwise to my child or caused by my child.

I recognize that THE VERNON CHAMBER OF COMMERCE uses photographs and video images of events for publicity materials such as THE VERNON CHMABER OF COMMERCE website, newspapers, newsletters, Facebook pages, Instagram and local televised media and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. I am responsible for any medical expenses.

Signed: _____   Date: _____

    (Parent or Guardian)