



# 2022 SUMMERFEST BABY CONTEST



## ENTRY FORM

*Please Print*

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

email: \_\_\_\_\_

Age (as of July 16, 2022):   \_\_ 0-3 mos    \_\_ 4-7 mos    \_\_ 8-11 mos  
  \_\_ 12-15 mos   \_\_ 16-19 mos   \_\_ 20-24 mos

**\*\*PROOF OF R-C DISTRICT 255U RESIDENCY WILL BE REQUIRED  
AT THE TIME OF CHECK IN\*\***

Send completed entry form & \$10.00 entry fee per child to:

Braidwood Area Healthy Community Coalition

Attn: Baby Contest

P.O. Box 123

Braidwood, IL 60408