



2024 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 20, 2024): 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