14th Annual Birdhouse Competition at the JCRA

Children’s Entry Form

Category (circle one)
Children 4–6  Children 7–9  Children 10–12  Children 13–15

Does your entry have a name? List here: _________________________________________________________

Provide the judges and visitors with any information you’d like for them to read below. Use the reverse side if you need additional room.

☐ See reverse for additional information.

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Entrant’s Name:________________________________________________________________________

Parent’s Name:________________________________________________________________________

Address:___________________________________________________________________________________

Street                                                                                     City                            Zip

Parent’s E-mail address: __________________________________

Age: _____________________

Daytime Phone Number: __________________________________

Nighttime Phone Number: __________________________________

Use one form per birdhouse. Enter as many birdhouses as you wish. Please fill out this form completely. Contact information is not shared with 3rd party groups.