

**REGISTRATION FOR SCARECROW  
AUTUMN WALKING TRAIL  
OCTOBER 15 - NOVEMBER 12**

**Organization Name:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Location: Mark one.**

- Pontotoc**
- Ecrú**
- Sherman**

**Description of scarecrow: (will be used on ID card)**

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**Fee \$15.00** \_\_\_\_\_

**Mailing address of contact person:** \_\_\_\_\_

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