



**MISSION POINT LIGHTHOUSE FRIENDS
2019 WINE LABEL ART COMPETITION
CONTRACT FORM**

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

NUMBER OF ENTRIES: _____

TITLES OF ENTRIES:

PAYMENT: \$ _____ CHECK NUMBER: _____

Make check to "Mission Point Lighthouse Friends"

\$25 first entry, \$20 each subsequent entry

My signature below indicates that by entering, and as a condition of participating in this competition, I have read and agree to be bound by the Official Rules of this competition as provided at www.bowersharbor.com/Events or Mission Point Lighthouse Friends Facebook page.

Date: _____ Signature: _____

Send this form and payment, post marked no later than March 11th 2019, to:
Mission Point Lighthouse Friends – Ellen Kerr
14548 Bluff Road, Traverse City, MI 49686