

# TINY TODDLER MISS LABOR DAY 2020

## RULES and ENTRY FORM

### RULES:

1. Contestants must be between the ages of one year and 36 months by September 4, 2020. The child must not have reached her third birthday by September 4, 2020. (One year old to not yet three years old.)
2. Contestant is required to supply **one** photo which must be at least 3" x 5", but no larger than 8" x 10" in size. The photograph may be color or black and white. The photo will not be returned. Each photo must be accompanied with a completed entry form. Be sure to label the back of photo with child's name. Mail completed entry form and photo to:  
Debbie White  
3255 Nester Hill Rd  
Newburgh, IN 47630  
Phone: 812-853-0556 Email: cdmc69@wowway.com
3. Photo(s) shall be of the contestant/child only and shall not contain any other pets or individuals.
4. In addition, if you want your child's photo to be printed in the Labor Day Celebration Booklet, you must submit a copy of this photo or another photo to Warrick Publishing by August 10, 2020 (contact by phone: 812-897-2330). Please specify 2020 Labor Day Association Tiny Toddler Miss Contest, child's name, parents, age and contest category.
5. There is no deadline for entries, but voting takes place during the 2020 Labor Day Celebration.
6. All photos will be displayed for voting. Voting will start Friday, September 4, 2020 at 5:00 pm and continue throughout the Celebration until Monday, September 7, 2020 at 2:00 pm (local time).
7. \$1.00 = 100 Votes. Winner will be determined by total votes. All proceeds will be donated to the Labor Day Association.
8. Voting will stop at 2:00 pm (local time) on Monday, September 7, 2020. Winner will be announced following the tally of all votes.
9. Winner will receive a trophy. If not present, winner will be contacted.

### ENTRY FORM:

#### REQUIRED

NAME \_\_\_\_\_ GENDER Female

BIRTH DATE \_\_\_\_\_ AGE(on September 4, 2020) \_\_\_\_\_

PARENTS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

#### OPTIONAL

SOMETHING I WOULD LIKE TO SHARE ABOUT MY CHILD: \_\_\_\_\_

SPONSORING UNION (optional) \_\_\_\_\_

MEMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

#### REQUIRED

I understand that the child's name, photo, and other entry form information will be on display for voting purposes and after that on the Labor Day Website. I also grant permission for the Labor Day Association to use my child's photo and entry form information in any publication LDA deems appropriate.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_