

PUMPKIN CONTEST SUBMISSION FORM

PLEASE ATTACH FORM TO PUMPKIN.
DROP OFF ON MONDAY, OCTOBER 16TH OR TUESDAY, OCTOBER 17TH STARTING AT 7:30 AM.



STUDENT'S NAME: _____

GRADE: _____

PUMPKIN'S NAME: _____



STUDENT'S NAME: _____

GRADE: _____

PUMPKIN'S NAME: _____



STUDENT'S NAME: _____

GRADE: _____

PUMPKIN'S NAME: _____



STUDENT'S NAME: _____

GRADE: _____

PUMPKIN'S NAME: _____