



MUNICIPALITY OF

**South Bruce**

# AGES

0 - 4 & 5 - 8



MUNICIPALITY OF

**South Bruce**

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**First and Last Name**

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**Age**

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**Civic Address**

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**Parent/Guardian Name**

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**Parent/Guardian Email**

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**Parent/Guardian Phone Number**

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**Parent/Guardian Signature**

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**One entry allowed per child**

**Entry is earned when the back to Back to School printout is coloured and the entry form is completed and signed by a parent/guardian.**

**Participants must reside in South Bruce to be considered for the prize.**

**Submissions must be submitted in one of the following ways before January 24, 2025.**

- **Mailed or dropped off at the Municipal Administration Office (21 Gordon St. E, PO Box 540, Teeswater ON)**
- **Dropped off in the drop box at Mac's Milk in Mildmay or at the Municipal Administration Office**
- **Virtual copies will not be accepted**

**Winners will be announced on the Municipal Facebook Page on February 3, 2025.**