

GIANT PUMPKIN WEIGH-OFF ENTRY FORM

_____ Adult Division (check)

_____ Youth Division (check, 18 and under)

Name: _____

Address: _____

Phone: _____

Email: _____

Pumpkin Info (if available)

Date Started: _____ Date Planted Outside: _____

If hand pollinated – Male Flower Pollinator: _____

Female Flower: _____

Estimated Tape Weight? _____

Grower Statement: I am the primary person responsible for planting, watering and caring for the pumpkin plant that grew my entry.

Signature

The Pumpkin Weigh-Off will be held on or around 2:00 p.m. beginning with the Youth entries first. An awards program will be held immediately following the weigh-off for both youth and adult entries.

***** No pumpkins will be loaded and released until after the Pumpkin Drop.