



NAME \_\_\_\_\_ MONTH \_\_\_\_\_

# MONDAY



**TUESDAY**



WEDNESDAY



THURSDAY



FRIDAY



**SATURDAY**



**SUNDAY**



## Entry Form:

Mail Via USPS/or drop off at the Dearborn County Health Department at  
272 Bielby Rd, Lawrenceburg, IN 47025  
or scan and email to [arose@dearborncounty.in.gov](mailto:arose@dearborncounty.in.gov)

Parent/Caregiver Name:\_\_\_\_\_

Email:\_\_\_\_\_

Phone#:\_\_\_\_\_

Childs Name:\_\_\_\_\_

Age:\_\_\_\_\_

Part of Dearborn County, you live in:\_\_\_\_\_