

First Annual Fall Festival Pie Bake-Off  
Entry Form  
Forms must be submitted by Oct 28th

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Category \_\_\_\_\_

Name of Pie \_\_\_\_\_

I have read, understand and will adhere to the rules of the Pie Bake Off

Signature \_\_\_\_\_

PLEASE EMAIL THIS COMPLETED FORM TO: [TISTHESEASON18@GMAIL.COM](mailto:TISTHESEASON18@GMAIL.COM)

OR DROP IT OF AT THE CHAMBER OF COMMERCE OR THE TIS THE SEASON SHOP

Questions: Please feel free to contact:

Terry Parker 910.280.1874 or  
Brian Stanley 843.323.7126