



Please complete the information below and leave attached to coloring page. This section will be removed by York Township staff and only a first name, age group and entry number will be visible to the public for voting.

First and Last Name: _____ Age (if over 18, write 18+): _____

Parent/Guardian name (if under 18): _____

Phone Number: _____ E-mail Address: _____

Resident of: York Township Litchfield Township Liverpool Township Other: _____

Category: age 16 and up