

CHRISTMAS LIGHT CONTEST

REGISTRATION FORM

Register by
December 14th

Judging on
December 16th



Name or Business: _____

Address: _____

Phone: _____

Email: _____

_____ (initial) I agree to have my address (not name) listed for the tour of lights.

Return to:

Bull Shoals Lake White River Chamber of Commerce office at

Bull Shoals Library

or mail to:

P.O. Box 354, Bull Shoals, 72619

Digital forms also available on bullshoals.org

