

REGISTRATION

Deadline July 31, 2010

Name: _____

Address: _____

Home Phone: _____

E-Mail: _____

Account #: _____

(found on water bill)

I acknowledge that by entering the Challenge, I grant Marshfield Utilities permission to use my utility bill information for the purposes of determining contest results and for contest promotions.

Signature

Mail this entry form to:
Attn: Jim Benson
Marshfield Utilities
2000 South Central Avenue
P.O. Box 670
Marshfield, WI 54449

Or Fax to: 715-389-2016

