Grades 5-6

CHILD'S FULL NAME: _____

AGE: _____ **GRADE:** _____

PARENT/GUARDIAN NAME: _____

CONTACT (Email):

_____

☐ I certify that this is my child's original work.

SIGNATURE (Parent/Guardian): _____

DATE: _____

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TriHealth Hospital

Categories are Most Creative, Best Use of Color, and Overall Skill. Prize winners will be notified in advance and announced at the Tree Lighting Ceremony at 5:00 p.m. on December 6. Grand prize winner will flip the switch to light the Montgomery Tree. Entry forms must be completed and returned to Montgomery City Hall at 10101 Montgomery Road by November 21, 2025.