

Sign It!

DOWNTOWN BLADE SIGN CONTEST



ENTRY FORM

Business Name: _____

Business Owner: _____

Business Type: _____

Address: _____

Phone: _____

Email: _____

Attach a narrative or picture of your preferred design for a blade sign.

By signing and submitting this application, I authorize the City of Rochelle to use the business name, before and after photographs in the promotion of its Blade Sign Contest.

The local business winner will be notified either by mail, and/or in person.

One local business will receive a new blade sign for their business.

Signature: _____