



NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Check a category: Residential _____

Business _____

To enter your residence/business must be at one of the postal addresses
(Cambridge City, Dublin, Milton, & Pershing)

Submit Form and a single photo of display by OCTOBER 7, 2024

PO Box 206, Cambridge City, IN 47327

cambridgecitychamberofcommerce@gmail.com

DECORATIONS NEED TO BE UP BY OCTOBER 12

Signature: _____

I give permission for my address (no names) to be published on CCCC
website to allow visitors to view decorations _____yes _____no