



2025 Apple Blossom Contest

Event Partner: PLP Battery Supply

Any child, between the ages of birth (0) and four (4) years old, that resides in Jackson County is eligible to enter the Apple Blossom Contest.

- **DEADLINE TO REGISTER IS AUGUST 4TH, 2025**
- **Entry Fee is \$10 per child**
- Contestants' portraits will be taken at 5:30 pm on the evening of August 6th, 2025 at Whimsey Photography, located at 5 North 15th Street, Murphysboro.
- Voting will begin on Monday, August 18th, 2025
- There will be two ways to vote:
 - 1.) In person at the Apple Festival Office during regular office hours.
Each contestant will have one (1) canister set up to collect votes.
NO OTHER CANISTERS WILL BE ALLOWED!
In-person voting ends September 4th, 2024 at the end of office hours.
 - 2.) Online through the Apple Festival website - www.murphysboroapplefestival.org.
Online voting ends September 9th, 2025 at approximately midnight.
- The winners of this contest will be chosen based on the number of votes collected. Votes are \$0.01 each.
- The First Bank & Trust Co. of Murphysboro will count all votes and tabulate final totals. The contestants with the most votes, one (1) boy and one (1) girl, will be declared the winners. Winning contestants' names will be placed in a sealed envelope which will not be opened until the winners are announced. The decision of the bank is final.
- The introduction of all Apple Blossom Contestants and announcement of winners will take place Wednesday, September 10th, 2025 during the Opening Ceremony at the Appletime® Stage. The ceremony begins at 5 pm.

Please complete registration online or submit the paper entry form on the next page and return with entry fee to the Apple Festival Office.

**Murphysboro Apple Festival
110 South 14th Street
Murphysboro, IL 62966**

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2025 Apple Blossom Contest Application

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For questions, call the Murphysboro Apple Festival office at 618-684-3200
or the Event Chair: Autumn Allen at 618-303-1136

I hereby agree that I will abide by all rules and regulations listed, provided to me on the previous page, and any decisions of the Murphysboro Apple Festival Committee.

Parent/Guardian Signature

Date

Please print legibly in all of the spaces below:

Name of Contestant: _____

Date of Birth: _____ Age: _____ Gender: _____

Mother: _____ Father: _____

Address: _____

City: _____ Zip: _____ Phone Number: _____

Email: _____

Preferred Method of Communication (**circle one**): Text **OR** Email

Paid by: _____ Check (Payable to: Murphysboro Apple Festival) _____ Cash

Please complete and return this application with entry fee to:

**Murphysboro Apple Festival
110 South 14th Street
Murphysboro, IL 62966**

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