



Shop St. Charles Challenge
Entry Form

Name:

Address:

Phone: ()

E-Mail Address:

I agree to all regulations and requirements of the "Shop St. Charles Challenge" program. I am aware that if I do not adhere to any and all of these regulations and requirements, my selection to participate in the program may be voided, and that I may not be reimbursed for any and all expenses made in accordance with the program.

Signature

Date

Please return entry form, **completed in its entirety**, to one of the following:

Email

econdev@stcharlesil.gov

Mail

City of St. Charles
Economic Development Department
"Shop St. Charles Challenge"
2 E. Main Street
St. Charles, IL 60174

Fax

(630) 762-7066