



NAME THE BABY

Please print your form and bring it with you when you visit Hollywild Sunday May 8th through Sunday, May 22nd. A winner will be announced May 25th. Entries must be submitted at the Hollywild gate. No email or FB submission accepted. (Form does not have to be in color)

Your Name: _____ Age: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number (Where you/your parent can be reached): _____

You/Your Parent's Email: _____

May we add you to the Hollywild e-newsletter list? Yes No

This is adorable addition to the Hollywild family should be named

_____.