



Bixby Annual Holiday Light Show! Entry Form

NEIGHBORHOOD ASSOCIATION _____

CONTACT PERSON _____

ADDRESS _____ *ZIP* _____

TELEPHONE: Day _____ *Night* _____

EMAIL ADDRESS _____

Please define the boundaries of your neighborhood:

North _____

South _____

East _____

West _____

Please return the completed registration form to:

*City of Bixby
Attn. Vic Bell
Neighborhood Association Coordinator
P. O. Box 70
116 West Needles
Bixby, Ok 74008
(918) 366-4430
Fax (918) 366-6373*