



Whitefish Ice Break Up

Name: _____

Email: _____

Phone: _____

Guesses – \$2 each

6 Guesses – \$10

	Month	Day	Hour	Minute	
1					AM PM
2					AM PM
3					AM PM
4					AM PM
5					AM PM
6					AM PM

Please *print* your name, email, phone number and guesses

Be sure to circle AM or PM

Include payment and send to:

WFIB, PO Box 623, Whitefish, MT 59937