#
+



PRE-REGISTRATION FORM

In order for you to receive payment for your premium, address must be filled out completely. Please print • Use ball point pen or ink only • One exhibitor per form • One department per form No changes or additions allowed

none: ()				
te of Birth (requ	uired if youth):		
		Department #:		
Class #	1 -4	Description	Duine	Premium
Class #	Lot	Description (as listed in the premium book)	Prize Award	Premium

Please see website (www.brooklynfair.org) for mailing instructions.

Page ____ of ___ (All programs, schedules and times are subject to change.)

|--|--|



(Continuation Page)

Department #:			
i jenarimeni #•	Da :	 	ш.
	Denz	2111	#

Class #	Lot	Description (as listed in the premium book)	Prize Award	Premium Paid