EXHIBITOR ENTRY FORM
Grant County Fair

Exhibitor Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ DOB: _____ Email: _____

Department	Division #	Class #	Club	Item Description	Entry #
20 *(Food Preservation)*	**04** *(Fruits Class Jr.)*	**02** *(Peaches)*		*Example*	Office Use

*If more space is needed, use the continuation form on the back.

Exhibitor Season Pass (One Pass per Exhibitor): ☐ Adult (19+) $15.00 ☐ Youth(8 thru 18) $8.00

Total Amount Due: _____ **Date Paid:** _____ **Initial (Staff):**_____

Exhibitor Entry Statement:
I have read and understand, and in consideration for being permitted to exhibit at the Grant County Fair, agree and consent to abide by the rules of competition as stated in the Grant County Fair Exhibitors Guide and policies and procedures.

Exhibitor Signature: _____Date: _____

Parent or Guardian Signature: _____Date: _____

EXHIBITOR ENTRY FORM (Page 2)

Grant County Fair

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