School Exhibit Entry Form

Visit www.nwsfa.com for copies of this form

Only ONE Exhibitor Number per individual or teacher will be accepted.

I am entering as ___ a Teacher ___ a Student

Please provide **full name** as this is how premium checks are made out. Please print legibly.

Teacher Name: _____

School Name: _____

City & Zip: _____

Exhibitor Number

OR

Student Name: _____

School: _____

City & Zip Code: _____

Exhibitor Number

Grade	Lot	Description