DEPARTMENT 11-19, 21, 22, 23, 24 ENTRY FORM

Mail form to:	
West End Fair Association, Inc.	<u>Deadline</u> : July 23
P.O. Box 115	\$10.00 per person registration fee required.
Gilbert, PA 18331	
Name:	Age (if student):
Mailing Address:	Phone:
	Township you live in:
Please check box if you are a new exhibitor.	
☐ Please check box if your address or phone number has changed	i.
I am a resident of Monroe County and I agree to be bound by th	e rules and regulations of the West End
Fair and submit the following entries:	

Exhibitor's Signature

DEPT.	SECTION	CLASS	DESCRIPTION OF ITEM (FROM PREMIUM BOOK)
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