

Return Entry Form & Check for All Fees Payable To:

**AMERICAN LEGION COUNTY FAIR
P O Box 147, 883 North Julian St.
Ebensburg, PA 15931**

Carefully read and understand the General Rules and Regulations.

I understand as an exhibitor I am solely responsible for any loss, injury, damage done or occasioned by or arising from any exhibit I have entered. I shall indemnify and hold harmless the American Legion County Fair against such loss, injury or damage.

The exhibitor is responsible for providing a Complete Name and mailing Address. Premium checks will be held at the fair office due to illegible / insufficient addresses. Returned checks will not be reissued.

Name: _____ Phone: _____

City: _____ State, Zip Code: _____

Depart.	Section	Class	Articles: Use Wording-Premium Book	Fees
22	3			\$ 3.50 fee waived if also entering in Departments 12 thru 23
22	3			
I Agree to Abide by the Code of Show Ring Ethics & Understand that all Judge Decisions Are Final				Total

I would like to donate my premiums back to the fair.

(Signature of Exhibitor) DATE: _____

Yes

(Signature of Parent/Guardian) DATE: _____

No

One Exhibitor per form.

**Stock Class
Department 22 - Section 3**

**Modified Class
Department 22 - Section 3**

Class	
32.	3 – 5 Years Of Age
33.	6 – 8 Years Of Age

Class	Modified Class
34.	3 – 5 Years Of Age
35.	6 – 8 Years Of Age