

AMERICAN LEGION COUNTY FAIR

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.

Depart.	Section	Class	Description	Fees
22	3	30	Hay Hauling: Team Name: _____	\$15.00
			I Understand that all Judge Decisions Are Final	Total \$15.00

Team Member # 1

Name: _____ Phone: _____

City: _____ State, Zip Code: _____ Date: _____

Female /

(Signature of Exhibitor)

(Signature of Parent/Guardian if under 18)
Team Member # 2

Under 15

Name: _____ Phone: _____

City: _____ State, Zip Code: _____ Date: _____

Female /

(Signature of Exhibitor)

(Signature of Parent/Guardian if under 18)
Team Member # 3

Under 15

Name: _____ Phone: _____

City: _____ State, Zip Code: _____ Date: _____

Female /

(Signature of Exhibitor)

(Signature of Parent/Guardian if under 18)

Under 15