

Department 22 (Open Class)

SECTION 8: HAY HAULING

ENTRY FORM

One Exhibitor Per Entry Form



DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

EXHIBITOR SIGNATURE

PARENT/GUARDIAN SIGNATURE

I understand as an exhibitor I am solely responsible for any loss, injury, damage done or occasioned by or arising from any exhibit or contest that I have entered.

I shall indemnify and hold harmless the American Legion County Fair against such loss, injury or damage.

Dept.	Section	Class		Section 8: HAY HAULING
22	8	26.	Open Class	Team Name:
22	8	27.	Over The Hill	Team Name:
22	8	28.	All Female	Team Name: