**Department 22** 

## 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.

Registrations submitted after August 1<sup>st</sup> will not be accepted.

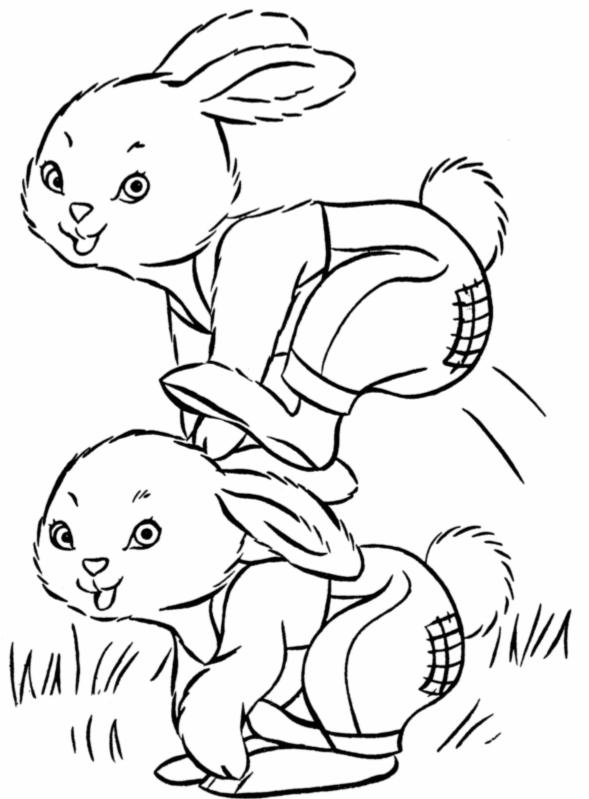
Due in part by the state government cutbacks or circumstances that adversely affect the receipts of the fair. The American Legion County Fair Board reserves the right to prorate the funds available for Premiums. Payment on a prorated share, though less than the amount advertised shall constitute a full and complete discharge of any premium obligation.

## 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 Phone	2:	
City:				State, Zip Code:		
Depart.	Section	Class	Class Articles: Use Wording-Premium Book			
22	10					
22	10					
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22	10					
			l Agree to Abide Understand th	by the Code of Show Ring Ethics at all Judge Decisions Are Final	s &	
(Signature of Exhibitor)				DATE:	I would like to donate my premiums back to the fair.	
(Signuture of Exhibitor)					□ Yes	
(Signature of Parent/Guardian)				DATE:	□ No	
	(~ <b>!</b> §!!!!!		,	Exhibitor per form.		

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