

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	2			\$ 3.50 fee waived if also entering in Departments 12 thru 23
22	2			
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.

Yes

No

(Signature of Exhibitor) DATE: _____

(Signature of Parent/Guardian) DATE: _____

One Exhibitor per form.

Class

- 9. Boys, 3 – 4 Years Of Age
- 10. Girls, 3 – 4 Years Of Age
- 11. Boys, 5 – 6 Years Of Age
- 12. Girls, 5 – 6 Years Of Age
- 13. Boys, 7 – 8 Years Of Age
- 14. Girls, 7 – 8 Years Of Age



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Depart.	Section	Class	Description	Fees
22	3	30	Hay Hauling: Team Name: _____	\$15.00
			I Understand that all Judge Decisions Are Final	Total
			Team Member # 1	\$15.00

Name: _____ Phone: _____

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

Female / Under 15

(Signature of Exhibitor)

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

Name: _____ Phone: _____

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

Female / Under 15

(Signature of Exhibitor)

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

Name: _____ Phone: _____

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

Female / Under 15

(Signature of Exhibitor)

(Signature of Parent/Guardian if under 18)

Department 22

STONEBOAT HAY HAULING CONTEST

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Depart.	Section	Class	Description	Fees
22	3	31	Stone Boat Hay Hauling / Team Name: _____	\$10.00
			I Understand that all Judge Decisions Are Final	Total \$10.00

Team Member # 1 AGE: _____

Name: _____ Phone: _____

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

(Signature of Exhibitor)

(Signature of Parent/Guardian)

Team Member # 2 AGE: _____

Name: _____ Phone: _____

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

(Signature of Exhibitor)

(Signature of Parent/Guardian)