

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: _____

Lanyards:



Lanyards Are Only Available For Entries In Classes 1 Thru 4

Exhibitor Lanyards are \$10.00. **A digital head shot must be emailed to ccfair@verizon.net by July 15th.**

Lanyards available for pick up when you bring your entry to exhibit

Exhibitor First Name: _____ Last Name: _____ \$ 10.00

Department 24

ANTIQUÉ FARM EQUIPMENT

Depart.	Section	Class	Articles: Use Wording-Premium Book	Fees
24				\$ 3.50 fee (waived if combined with entries in Departments 12 thru 23)
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			I Agree to Abide by the Code of Show Ring Ethics & Understand that all Judge Decisions Are Final	Total

_____ DATE: _____
(Signature of Exhibitor)

_____ DATE: _____
(Signature of Parent/Guardian)

I would like to donate my premiums back to the fair.
 Yes
 No