

WASHINGTON COUNTY FAIR ENTRY FORM

Entries must be postmarked by July 28 or received by July 30

Exhibitor #

Exhibitor: (Award check is made out to this name) _____ Circle: Male or Female

Name of Farm: _____ Name of Youth Club: _____ Youth Department only ~ Date of Birth ____/____/____

Mailing Address: _____ Town, State, Zip: _____ Age as of January 1st: _____

Email address: _____ Phone: _____

Animals included in the stall request of _____

Open Department Entry Fees enclosed: \$ _____ Checks payable to Washington County Fair

Disclosure Summary:

By submitting this entry form to the fair, I agree that:

- I have read the rules of the fair for the classes entered on this form.
- I agree that I will follow the rules and schedule of the Washington County Fair and NYS Agriculture and Markets laws and regulations.
- I agree, if an animal exhibitor, to provide adequate food, water, and care for my animals.
- I release Washington County Fair, Inc. from any liability for damage to property or bodily harm while participating in the Washington County Fair, Inc.

Exhibitor's Signature _____ Date _____ Parent / Guardian Signature for Minors _____

USE ONE LINE PER ENTRY ~ MULTIPLE ENTRIES IN A CLASS MUST BE LISTED SEPERATELY ~ PLEASE WRITE LEGIBLY

Entries must include department name, section name (breed if applicable), class name

OPEN / YOUTH (circle one)	DEPARTMENT	SECTION Breed or Variety	CLASS NAME Medium or Technique	Animal ID or Tattoo Number	ENTRY FEES (open only)
OPEN YOUTH					
OPEN YOUTH					
OPEN YOUTH					
OPEN YOUTH					
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Office Use only

Date Entered:

Initials of Data Entry:

Entry Fee total from front: \$ _____

Exhibitor: _____

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Mail completed form, entry fees and documents to:
 Entry Office – Washington County Fair
 392 Old Schuylerville Rd
 Greenwich, NY 12834

Office use only: AMT Paid: _____
 Check/Card/Cash _____
 Check #: _____

Initials: _____

ENTRY FEES: Back _____ page _____
 Front _____ page _____
 Total fees due: _____ total: _____

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