DEPT. # _____

PLAINFIELD FARMER'S FAIR

OFFICIAL ENTRY BLANK

NOTE: To avoid any misunderstanding, be sure to thoroughly read and understand the Rules & Regulations before entering an exhibit.

Dept No.	Section	Class	Description of Article (Use exact language of premium list) (if animal, state breed)	Judge's Award					Premium		(✓)
				1	2	3	4				

I herby agree to be bound by the rules and regulations of the Association. Premium checks will be mailed ONLY if self-addressed, stamped envelope is provided upon entering exhibits. Any premium checks unclaimed 10 days after the Fair closes will be considered a donation to the Plainfield Farmer's Fair.

NAME:_____ PHONE NO.:_____

ADDRESS:_____ EXHIBITOR'S NUMBER:_____

_____

Fair officials or Department Superintendent reserve the right to reject any or all entries.