

Douglas County Fair Static Entry Form 2019



Static - Village Pointe

EXHIBITOR INFORMATION:

Name: _____

Age (as of Jan1, 2019 - only if under 21): _____

Parent/Guardian's Name (only if under 21): _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

DIV Name	DEPT. #	DIV. #	CLASS #	NO.OF ENTRIES	\$ PER ENTRY	TOTAL \$ DUE
<i>Example:</i> Cut Flowers	1	107	01	2	\$3	\$6
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
TOTAL:					\$	\$

Check or Debit/Credit Card Accepted for Entry Fee Payment
All Exhibitor Information must be completed in order to receive Premiums.

By Signing Below, I shall fully agree to follow all Rules, Regulations, IAFE Code of Ethics and Schedules of the Douglas County Fair.

Signature _____ Date _____

Parent/Guardian Signature (if under 21) _____ Date _____