

BOBCAYGEON FALL FAIR ENTRY FORM



Exhibitor Number:

Please PRINT clearly

Name of Exhibitor: _____

Address: _____

Telephone Number: _____

Child's Age (if applicable): _____

Insurance Co. + Policy Number (if applicable): _____

Class	Section	Description of Article Exhibited <i>(as described in prize list)</i>	Prize Money

All entries must be picked up by 5:30pm Saturday