

Exhibitor Entry Form

Ox Hill Community Fair
PO Box 105, Home, PA 15747

Exhibitor's No.

Name:

Address:

City/State:

Zip Code:

Phone Number:

Youth Under 19, Age:

Email Address:

| Dept. | Sect. | Class | Division | Sub. Division | Description of Article, use exact wording from Premium Book | Entry Fee 10% of first place Premium, unless otherwise stated |
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|------------------------|--|--------------------------|--|
| Total Entries side 1: | | Total Entry Fee side 1: | |
| Total Entries, side 2: | | Total Entry Fee, side 2: | |
| Grand Total: | | Grand Total Entry Fee: | |

Please enter the following articles for the Ox Hill Community Fair. I understand that I am subject to the Rules and Regulations printed in your current Premium Book, to which I agree. Entry fee must accompany this Form. Entry deadline is August 25th. Make check payable to Ox Hill Community Fair or O.H.C.A.F.

Signature: _____ **Date:** _____

If entrant is a minor, the signature of a parent of guardian is required.

