Still Exhibits Entry Form

(This entry form may be Photocopied)

Inter-Mountain Fair

PO Box 10, McArthur CA 96056

(530) 336-5695 Fax (530) 336-6845

www.inter-mountainfair.com

Exhibitor Name

☐ Jr ☐ Open

Check appropriate box

Mailing Address City State Zip

Birth Date

( ) Phone Number

☐ *Check this box to donate premiums back to the Fair*

Leave Blank Entry #	Division	Class	Description of Entry	Entry Fee
				.00
				.00

Upon Signature and submittal of entry form, exhibitors and their agents, parents and leaders acknowledge that they: 1) understand the State Rules for California Fair and the local rules as printed in the exhibitor's handbook, 2) agree to abide by them, 3) certify that all information on entry form is true and correct, 4) agree to comply with the fair's decision regarding any violation of the rules and 5) agrees to be solely responsible for any loss, injury or damage done to or arising from proceeding in regard there-to. The Inter-Mountain Fair of Shasta County and its officers will in no case be responsible in any way for any loss, damage or injury to any property while the same is on the fairgrounds.

Total Entry Fees _____

Exhibitor Signature

Parent Signature

Project Leader / Advisor Signature

Club / Chapter

Date Received:

Paid: