

## **Indoor Entry Form**

Exhibito	r Name					PO BOX 10	
Mailing	Address		City State		McA	McArthur CA 96056	
( )				(530) 336-5695 Fax (530) 336-6845			
Birth Date (Jrs only)			Phone Number		www.inter-mountainfair.com		
Check thi	<mark>s box if inter</mark>	<mark>ested in volu</mark>	inteering for a building mo	onitor shift at Fair	Check this box to donate premiu	ns back to the Fair	
Leave Blank	Division	Class		Descript	ion of Entry	Entry Fee	

Entry #	DIVISION	01833	Description of Entry	Lindyree

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 in on the fairgrounds.

**Total Entry Fees** 

Exhibitor Signature

Parent Signature

Date Received/Paid: