KINGDOM OF CALLAWAY COUNTY FAIR

OPEN CLASS EXHIBITOR ENTRY FORM

Name:_____ **Age if Youth/Teen:**_____

Street/Rural Address:_____

City:_____ **Phone Number:**_____

Name of Extension or Civic Club (if applicable):_____

Brief Description of Item	Class #	Entry Tag #	Judges Use Only

NOT RESPONSIBLE FOR ACCIDENTS OR LOSS OF ITEMS

Must be signed on date Items are Checked Out in order to receive Premium Monies Awarded!

Premium Money Paid----------		$

Date:_____ **Item(s) Picked Up By:**_____