

Addison County Fair & Field Days, Inc.

HOME & GARDEN DEPARTMENTS

ENTRY FORM

FOR OFFICIAL USE ONLY

EXHIBITOR NO.

Name:

Youth Classes Age:

Address:

Senior (over 80) Age:

City, State, Zip:

Telephone:

e-mail:

DEPARTMENT NAME & NUMBER \_\_\_\_\_ (Use ONE ENTRY FORM per DEPARTMENT)

CATEGORY & CLASS NUMBER	ENTRY DESCRIPTION

**ALL ENTRIES MUST STAY UNTIL 9 PM ON SATURDAY**

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PHOTO CONSENT: I, the undersigned, grant permission to ACCFD to use my child's image for use in all media publications, including social media.

x \_\_\_\_\_  
Signature of parent or legal guardian of children under 18.