



# 2018

## Static Entry Form

Exhibitor Information			
NAME:			
AGE as of JANUARY 1, 2018 (ONLY IF UNDER 21):			
PARENT/GUARDIAN'S NAME (ONLY IF UNDER 21):			
PHONE:			
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
EMAIL:			

### Entry Registration

Division Name	Dept. #	Division #	Class #	No. of Entries	\$ per Entry	Total \$ Due
<b>EXAMPLE: Six Easy Bites</b>	<b>2</b>	<b>401</b>	<b>901</b>	<b>2</b>	<b>\$ 5</b>	<b>\$ 10</b>
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
<b>Total</b>					<b>\$</b>	<b>\$</b>

**Check or Debit/Credit Card Accepted for Entry Fee Payment**

**All Exhibitor Information must be completed in order to receive Premiums.**

***By Signing Below, I shall fully agree to follow all Rules, Regulations and Schedules of the Douglas County Fair.***

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**