

**ARTS CENTER ENTRY FORM**

You may duplicate this form.

For Office Use:
Exhibitor No.: _____
Staff Initials: _____

**SIOUX EMPIRE FAIR**

**W.H. LYON FAIRGROUNDS • 100 N. Lyon Blvd.**

**SIOUX FALLS, SD 57107-0289**

**Phone: 605-367-7178**

**Fax: 605-367-7886**

**Submit entries to the Arts Center Wednesday, July 31, 2019 from 5-9 p.m. or Thursday, Aug. 1, 2019 from 7-10 a.m. Entry time strictly enforced. NO LATE ENTRIES.**

Board of Directors:

Please accept the entries indicated below, subject to the rules and classifications governing exhibits as published in your Premium List of the current year, by which I hereby agree to be governed in exhibiting the same, and declare that all statements made in connection with said entries are true. I hereby release the Sioux Empire Fair from any liabilities for loss, damage or injury to exhibits or other property, while the same are on the fairgrounds, or at any other time or place.

Name of Exhibitor (PLEASE PRINT) \_\_\_\_\_

Phone \_\_\_\_\_ Street (PLEASE PRINT) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Check here if Jr. Division \_\_\_\_\_ Age \_\_\_\_\_ Check here if older than 65 \_\_\_\_\_

Signature \_\_\_\_\_ (To be filled in by Clerk at check in)

Class	Lot No.	Description of Entry <i>(Use wording from premium list)</i>	Tag number