WASHINGTON COUNTY FAIR ENTRY FORM
OPEN (Dept. 1-15) & YOUTH (Dept.101-120)

Exhibitor #

Mail to:
Entry Office-Washington County Fair, Inc. 392 Old Schuylerville Road Greenwich, NY 12834
Entries must be received byJuly31 or postmarked by July 29

Exhibitor:_____ *(Premium check printed in this name)*

Street Address: _____ Town, State Zip: _____

E-mail address:_____ Phone: _____

Circle: M F If applicable, farm name: _____

Departments 101-120: Date of Birth ___/ ____/ _____ Youth Organization/Club: _____

Total Entry Fees enclosed: $_____from Open Departments 1-15
Make checks payable to: Washington County Fair, Inc. *(Please use separate checks for camping fees)*

Disclosure Summary:
By submitting this form to the fair, I agree that:
- I have read the rules of exposition for the classes entered below
- I agree that I will follow the rules and schedule of the Washington County Fair and NYS Agriculture and Markets Laws.
- I agree, if an animal exhibitor, to provide adequate food, water and care for my animals.
- I release Washington County Fair, Inc. from any liability for damage to property or bodily harm while participating in the Washington County Fair, Inc.

_____ _____ _____
Exhibitor's Signature Date Parent/Guardian Signature for Minors

Dept.	**Sect.**	**Class**	**Class Name** - Item Description/Variety (include Dept.108 tattoo & breed)	**Animal count**- count each animal **ONLY** once	**Entry Fees-$** Departments 1-15

Animals on this form will be housed with: (farm or group)

Front Entry fees: _____

Departments 1-15

Exhibitor ________________________________ **Exhibitor Number** _____________

Dept.	**Sect.**	**Class**	**Class Name** - Item Description/Variety (include Dept.108 tattoo & breed)	**Animal count** - count each animal **ONLY** once	**Entry Fees** - **$** Departments 1-15

DATE PROCESSED:

Front Entry fees: _____________

Back Entry fees: ____________

Total Entry fees: $___________