

EXHIBIT ENTRY FORM

Kalama Community Fair

4858 Old Pacific Hwy. So.

P.O. Box 546

Kalama, Wa. 98625

Date- _____

Exhibitor's No.- _____
(Fair Use only)

Exhibitor's Name- _____

Address- _____

City/State/Zip- _____

Phone- _____

4-H Project- _____

(Please check only IF this is a 4-H project)

Please print the above in full- This information is necessary in order to avoid delay in payment of premiums.

Exhibitor's Signature _____

Entries are made subject to all the rules and regulations of the Kalama Community Fair. The owner of exhibits releases the Kalama Fair Board from any liability from loss, damage, or injury to livestock or other property while such property is on the grounds of the Kalama Community Fair. Exhibitors are responsible for picking up exhibits at designated exhibit release times.

USE THESE COLUMNS FOR ALL ENTRIES PLEASE USE A DIFFERENT ENTRY FORM FOR EACH DIVISION				USE FOR LIVESTOCK ONLY			DO NOT WRITE IN SPACE BELOW	
Dept.	Division	Class	Description	Sex	Breed	Age	Award	Amount

Total Premium _____