ST. CLAIR COUNTY 4-H & YOUTH FAIR ENTRY FORM

ADULT EXHIBITORS ONLY

DEADLINE FOR ALL FORMS IS JULY 1ST.
NOTHING WILL BE ACCEPTED AFTER THIS DATE.

Every exhibitor must complete an entry form. Incomplete or ineligible forms will not be accepted, nor returned.

Name:	Address:
Phone:	City & Zip:
Is this your First Year Exhibiting at the Fair? Yes No	Is this a new address or phone number? Yes No
Social Security #: Not mandatory	Exhibitor #: (1 initial of last name & last 4 digits of Social Security #) s t
	Birth date:

DEPT.	SECT.	CLASS	DESCRIPTION All information must be complete

I have read and understand, consent to, and agree to abide by all rules as set forth by the St. Clair County Agricultural Society and outlined in the Adult Exhibitor Project Requirements.

Signed by Exhibitor: _____ Date: _____

PROJECT EXHIBIT TAGS to be completed by the exhibitor, are currently available. They may be requested from the 4-H Extension Office, Fair Office, or available on the check in date.

RETURN TO: SCCAS FAIR OFFICE QUESTIONS: 810.364.9100
P.O. BOX 325, MARYSVILLE, MI 48040
OFFICE LOCATION: 1328 MICHIGAN, MARYSVILLE