2011 MASTER COPY OF TOTAL ENTRIES

Sheet ___ of ___

SEND TO:
Middlesex County 4-H Fair
P.O. Box 352

Westford, MA 01886-

Be sure to include ALL ENTRIES in FAIR

Use blue or black pen only

PLEASE DO NOT USE THIS FORM FOR CLOVERBUD ENTRIES!

NAME OF EXHIBITOR

MAILING ADDRESS

( )
TELEPHONE

SOCIAL SECURITY #

TOWN STATE ZIP

EMAIL ADDRESS:

DATE OF BIRTH

AGE AS OF JAN. 1, 2011

PLEASE WRITE # OF STATIC EXHIBITOR
SLIPS NEEDED: ____NOVICE ____JUNIOR
____SENIOR

☐ Check if OVERNIGHTER

4-H CLUB

(Enclose Overnighter Form and $28.00) TOTAL ENTRY FEES ENCLOSED $

DEPARTMENT NAME	DEPT NO	CLASS LETTER	LOT#	FEE	NAME OF ANIMAL OR ARTICLE RECORD
EXAMPLE: FOOD DEPARTMENT	*19*	*A*	*29*	*$2.00*	*CHALLENGE LOT - OATMEAL RAISIN COOKIES*

TOTAL FEES FOR PAGE: $

The exhibitor agrees to be solely responsible for any loss or injury to, or damage done, occasioned by or arising from any animal or exhibit; and to defend and indemnify the 4-H Fair and the Directors thereof against all claims liability in regard thereto. Upon these conditions only will entries be accepted.

PARENT'S SIGNATURE