(8) Exhibitor Number

ENTRY FORM – PREMIUM STATEMENT

(In accordance with Act 327, Public Acts 1980 as amended)

PRINT, TYPE or STAMP ASSOCIATION NAME HERE

Exhibitor complete items 1 through 7 ONLY **PRINT or TYPE ONLY**

	(1) Exhibitor's Name			Phone Number	(2) Age of Exhibitor (Youth Only)
	Address (no. & street or RFD)			**WILL BE HELD IN CONFIDENCE BY FAIR**	
	City	State	Zip Code	Social Security # _____	

(3) Dept.	(4) Div.	(5) Sec.	(6) Class No.	(7) Class (as printed in premium catalogue)	(10) Placing	(11) Amount Paid	
						$	
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Date _____

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