BERLIN FAIR
ENTRY FORM – PREMIUM STATEMENT

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

Exhibitor's Name_____ EXHIBITOR NUMBER (4H only)_____

Phone Number_____ Age (youth only)_____

Address (street # , city, zip code) _____

_____

Last four digits of Social Security # _____ (Open classes only) **Used for exhibitor I.D.**
(will be held in confidence by fair)

Must have Department, Section and Class number as listed from the 2011 Berlin Fair Book

DEPARTMENT NUMBER	SECTION NUMBER	CLASS NUMBER	CLASS DESCRIPTION (As printed in premium catalog)	PLACING

___For the financial benefit of the Berlin Fair, I choose not to receive any premium payment.

_____ _____

Signature **Date**