SALINE COMMUNITY FAIR
NON-LIVESTOCK EXHIBIT ENTRY FORM

The Fair reserves the right to pro-rate premiums if fair revenues are insufficient to cover expenses

exhibitor number

☐ **Check if name or address change**

Exhibitor

Address

City **State** **Zip**

Phone **Date of Birth (Youth Only)**

Email

Department	Section	Class	Class Description	Placing

☐ **I wish to donate my premiums back to the Saline Community Fair**

Signature_____ _____

TURN INTO A SUPERINTENDENT AFTER ENTERING EXHIBITS