P.O. Box 469
Morris, New York 13808
Phone (607) 263-5289
Fax (607) 263-5215

## **General Entry Form**

Use This Form For the Following Departments:

Dept. G, Dept. H, Dept. I, Dept. J, Dept. K, Dept. M, Dept. N, Dept. O, Dept. W, Dept. X

Mail to: Entry Clark, Otsego County Fair (Address Above) Please use a separate entry form for each department.

efer to Prei	nium Book fo	r Entry Time (Winner's premium checks will be	sent to the address on this form within 60 days of the	he close of the fair).
lease enter	me for the arti	cles named herein, subject to the rules	and regulations in your Premium L	ist to which I
gree:		, <b>3</b>	S	
	ıt Letter:		Please Pri	nt Legibly!
Exhibitor's Name: Name		Name on P		
Farm Name:			from Exhibitor/Farm Name)	
ailing Add	ress:			
hone Numb	oer:	F	Email:	
Section	Class	Description o	f Exhibit	Entry Fee
		d and understand, consent to, and agree to abide by the mium list of this event. A separate copy may be obtain		ositional Code of
Exhibitor: Owner Exhibito	r, Fitter, Trainer, or	Parent/Guardian:absolutely responsible person Date:		
heck entry	clerk's calendar	for entry closing dates.	Entry Fees	
Make all checks payable to: Otsego County Fair.			Exhibitor Pass (Minimum \$5 Entries)	\$6
			Camper/Tent	
All Premium checks must be cashed within 60 days of date on check.  Total				

Exhibits may **NOT** be removed until 8pm Sunday or Monday 8-12. Anything left after 12pm on Monday become property of the Fair.