Exhibitor Number: _____ **(Office Use Only)**

Exhibitor Entry Form

Name: _____ **Birthdate:** _____

Address:_____ **Social Security Number:**_____

City, State, Zip: _____ *(SSN Required to receive payment)*

Dept	Class	Lot	Description	Entry Fee	Pen/Stall/ Shelf
H1	1	822	Calf under 6 months	$32.00	$32.00
			Total:	$32.00	$32.00

Exhibitor(sign): _____ **Parent/Guardian(sign)**_____

Return To: **The New Wayne County Agricultural Fair**
P.O. Box 381
Fairfield, IL 62837