EXHIBITOR'S NO.

ENTRY FORM

COLUMBIANA COUNTY FAIR

Entry Deadline: Wednesday, July 27th

DEPARTMENTS 7-9 ONLY

Please use for : HAY & GRAIN, VEGETABLES & FRUIT, FLOWERS & HERBS ONLY

Exhibitor's Name_____Phone: _____

Address_____
Street/Road City State ZIP

County_____Township_____Age: (Jr. only_____

Please record the following entries subject to rules & regulations printed in each department of the Premium Book. Each blank must be filled in completely using the numbers as shown in the Premium Book.

DEPT	LOT	CLASS	QTY	DESCRIPTION IN PREMIUM BOOK	FEES

Weekly Passes ($30.00 for 7 tickets) _____

Col Co Ag Society Membership Ticket ($1.00 each) _____
***List member names on the back**

TOTAL **$**_____

I agree that, to the fullest extent permitted by law, the Columbiana County Agricultural Society along with the individual board members, employees and/or volunteers assumes no responsibility and the exhibitor agrees to hold the Society, its' appointed officials, employees and volunteers or all others working in behalf of the Society, harmless for any claim, liability or demand of any kind for or on account of any personal injury/death or damage of any kind sustained by any person and/or to any property as a result of this entry. I certify that having fully read and understand all the rules and Regulations set forth by the Columbiana County Agricultural Society and the Ohio Department of Agriculture, the affixed signature on this entry form constitutes acceptance of same.

Signature_____Date_____

PLEASE MAIL ENTRIES TO: Columbiana County Fair, PO Box 356, Lisbon, OH 44432 Phone: 330-424-5531