

PLEASE PRINT OR TYPE

FIRST NAME _____ LAST NAME _____ M.I. _____

MAILING ADDRESS _____

CITY _____ ZIP _____ PHONE _____

EMAIL _____

CLUB _____ GRADE _____

4-H Department
 Reminder: Please use one form per area
 (Please circle correct area)

Baking & Preserves Clothing & Textiles

Hobbies & Crafts Fine Arts

Photography Biological Sciences

Floriculture Ag - Mechanics

Entry Form & Payment Deadline: Friday, April 28, 2017
 Entries can also be submitted online at
 chowchillafair.org under the Exhibitors tab

Dept. No.	Division Number	Class Number	Name, Kind, Variety, Brief Description	Entry Fee
4				
4				
4				
4				
4				
4				
4				
4				
4				
4				
4				
4				
4				
4				
4				
TOTAL				

The exhibitor agrees to defend, indemnify and hold harmless the fair, the county and the State of California from and against any liability, claim, loss or expense (including reasonable attorneys' fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property.

I, the undersigned, hereby authorize and permit myself, or my child, and/or my exhibits to be photographed and/or recorded by audio means for use in publicity information that may be released for radio, television, newspaper, magazines and promotional materials in connection with Chowchilla Madera County Fair.

Exhibitor Signature: _____

Parent/Guardian Signature: _____

I certify that this entry is the project of the exhibitor and is eligible to be shown in accordance with the rules of this show.

Advisor/Leader Signature: _____

FOR FAIR USE ONLY:

Amount Received: \$ _____

Date Received: _____

Received by: _____

Entered By: _____