GENERAL ENTRY APPLICATION - DEADLINE JUNE 15TH

DATE RECEIVED **EXHIBITOR # _____** **EXHIBITOR FEE $12.00**

DATE _____ **RECEIPT # _____**

****

Last Name _____, First Name _____, Middle Initial _____

Address _____, City/State _____, Zip _____

SS # ____/____/_____ (required), Date of Birth _____, Age _____, Sex _____, Phone # _____

****

DEPARTMENT #	SECTION #	CLASS #	CLASS DESCRIPTION AS PRINTED IN PREMIUM BOOK

OVER

Saginaw County Fair, P. O. Box 449, Chesaning, MI 48616, 989-845-2123, Fax 989-845-2682
www.saginawcountyfair.org

DEPARTMENT # SECTION # CLASS # CLASS DESCRIPTION AS PRINTED IN PREMIUM BOOK

DEPARTMENT #	SECTION #	CLASS #	CLASS DESCRIPTION AS PRINTED IN PREMIUM BOOK