

**OPEN SHOW EXHIBIT BUILDING**

=====

**Please Print**

SOCIAL SECURITY NUMBER (REQUIRED) \_\_\_\_\_

EXHIBITOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

BIRTHDATE (Month-Date-Year) \_\_\_\_\_ Age as of Sept. 1, 2020 \_\_\_\_\_

**USE ONE LINE PER ENTRY**

	Dept.	Section Number	Class Number	Class Name	Entry Fee Vary per class
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

**Total amount this page** \_\_\_\_\_

**Transfer the total amount to cover sheet Exhibit Building Open Show Line 13**

Do not write on back of form, if you need more space use another copy of this sheet and attach. Submission of this entry form indicates acceptance of Rules that apply to each class entered as stated in premium book.

Please write plainly and give all information.

Entries with Class Number(s) only will not be accepted.

**ALL FEES MUST ACCOMPANY ENTRY BLANK (NO Refunds).**