

**AMERICAN LEGION COUNTY FAIR**

***I understand as an exhibitor I am solely responsible for any loss, injury, damage done or occasioned by or arising from any exhibit I have entered. I shall indemnify and hold harmless the American Legion County Fair against such loss, injury or damage.***

***The exhibitor is responsible for providing a Complete Name and mailing Address. Premium checks will be held at the fair office due to illegible / insufficient addresses. Returned checks will not be reissued.***

Depart.	Section	Class	Description	Fees
22	3	30	Hay Hauling: Team Name: _____	\$15.00
			<b>I Understand that all Judge Decisions Are Final</b>	<b>Total</b>
			<b>Team Member # 1</b>	\$15.00

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Exhibitor)*                      *(Signature of Parent/Guardian if under 18)*                       *Female /*  
*Team Member # 2*                       *Under 15*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Exhibitor)*                      *(Signature of Parent/Guardian if under 18)*                       *Female /*  
*Team Member # 3*                       *Under 15*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Exhibitor)*                      *(Signature of Parent/Guardian if under 18)*                       *Female /*  
*Team Member # 3*                       *Under 15*