

ENTRY FORM~

RABBITS & CAVIES

Exhib #

Mail to: Spartansburg Community Fair, PO Box 88, Spartansburg, PA 16434
One (1) entry per class (except livestock) One (1) exhibitor per form

Youth Name: _____ Youth Age _____

Adult Name: _____

Address: _____

City, State, Zip _____

Phone: _____ eMail: _____

I hereby agree to the Rules and Regulations of the Spartansburg Community Fair Association

Adult Signature

Youth Signature

ALL REQUIRED PAPERWORK MUST BE PRESENTED WHEN
CHECKING IN ENTRIES ON SUNDAY FROM 11 AM - 5 PM.

____ Rabies ____ Vet Verification Form or ____ CVI

ENTRIES ARE TO BE DISMISSED BASED ON THE SCHEDULE ON P. 8

DEPT.	SECT.	CLASS	DESCRIPTION	FEE