

**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

DEPT	SECT	CLASS	DESCRIPTION	EARTAG	FEE