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

## Return Entry Form & Check for All Fees Payable To: AMERICAN LEGION COUNTY FAIR P O Box 147, 883 North Julian St.

Ebensburg, PA 15931

Registration Entry Fees: **Wine** - \$20.00 - Unlimited Entries **Beer** - \$20.00 - Unlimited Entries (1 Bottle of Each) Entries will not be accepted without registration fees. All fees are non- refundable.

Registrations must be submitted by August 9th

INTAKE - Please drop-off entries Friday August 29<sup>th</sup> at the Fair Office. Entries will be accepted from NOON -8 pm.

I have read and understand the General Rules and Regulations set forth by the American Legion County Fair.

| I underst | and that all Judg | ge decisions are final ar | nd I agree to abide by their decision. | Upon signing this form I   |
|-----------|-------------------|---------------------------|--|----------------------------|
| consent   | to allow the Fair | Office to publish photo   | os of myself on their Website and in a | ny advertising used solely |
| for Fair: | No Thank You _    | (initials).               |  |                            |

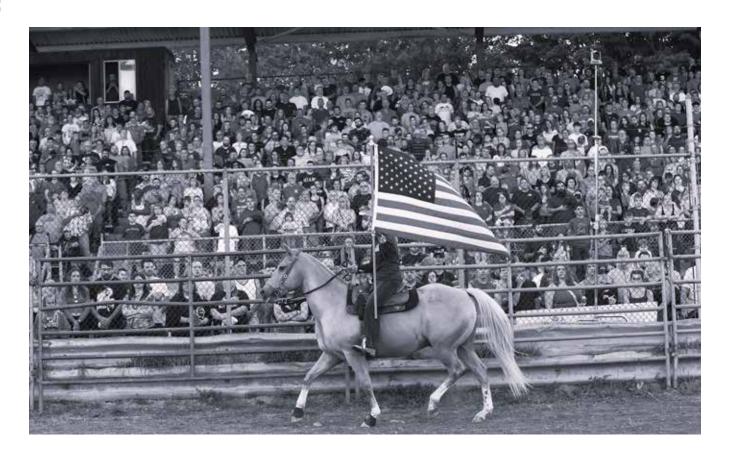
The exhibitor is responsible for providing a Complete Name and mailing Address. Premium checks will be held at the fair office due to illegible / insufficient addresses. Returned checks will not be reissued.

| Address:  |         |       | CityState_  | Zip Cod | Zip Code:   |  |
|---|---------|-------|-------------|---------|---|--|
|   |         | I     |             |         |   |  |
| Depart.   | Section | Class | Description |         | Fees  |  |
| 21  |         |       |             |         |   |  |
| 21  |         |       |             |         |   |  |
| 21  |         |       |             |         |   |  |
| 21  |         |       |             |         |   |  |
| 21  |         |       |             |         |   |  |
| 21  |         |       |             |         |   |  |
| 21  |         |       |             |         |   |  |
| 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 |         |       |             |         |   |  |
|   |         |       |             |         | I would like to donate<br>my premiums back to<br>the Ag Building. |  |
|   |         |       | DATE:       |         | □Yes  |  |
|   |         |       |             |         | П Мо  |  |

(Signature of Exhibitor)

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





## "ALWAYS LABOR DAY WEEK"



## **AMERICAN LEGION COUNTY FAIR**

Ebensburg, Pa