

Office Use Only

No. \_\_\_\_\_

# KIMBERTON COMMUNITY FAIR

## HOME ARTS ENTRY FORM - DEPT. 10, Sec. 18 through DEPT. 24

Pre-Registration **MAIL:** 9 Ebelhare Road, Pottstown, PA 19465; Attn: REGISTRATION

**ONLINE:** [www.kimbertonfair.org](http://www.kimbertonfair.org) to enter directly through the website

**FEES:** Only the entries for Dept 20 "Group Exhibits" require a security fee

**Complete entire form. All Entries must be pre-registered. Deadline: JULY 15**

Unless otherwise noted in the Catalog

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

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

First-Time Exhibitor: YES  NO

**USE A SEPARATE FORM FOR EACH DEPARTMENT (forms may be photocopied)**

DEPT.	SECTION	CLASS	ENTRY DESCRIPTION

I have read, understand and agree to abide by and uphold the General and Entry Rules, and have indicated my agreement by affixing my signature below.

Parent Signature: \_\_\_\_\_  
*for exhibitors under age 18*

4-H Leader Signature: \_\_\_\_\_  
*for exhibitors in Dept. 10*

Exhibitor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## HOME ARTS ENTRIES - DEPT. 10, Sec. 18 through DEPT. 24

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Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First-Time Exhibitor: YES  NO

**USE A SEPARATE FORM FOR EACH DEPARTMENT (forms may be photocopied)**

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4-H Leader Signature: \_\_\_\_\_  
*for exhibitors in Dept. 10*

Exhibitor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_