



# 2017 Salem Fair

LAST NAME: \_\_\_\_\_

## GENERAL EXHIBITS ENTRY FORM

EX #: \_\_\_\_\_

Horticulture, Homemaking, Handicrafts, Photography, Woodworking, Healthcare Centers, Occupational Therapy & More! **Art Exhibits will not be accepted on June 26th.**

### EACH EXHIBITOR MUST USE A SEPARATE ENTRY FORM.

**General Exhibit Registration: Monday, June 26 from 8 a.m. – 6 p.m.,** Main lobby of Salem Civic Center

**Exhibit Pick-up: Sunday, July 9, 11:00 a.m. - 6 p.m. Fair Opens** for exhibit viewing on Wednesday, June 28 at 4 p.m.

#### Carefully read the rules in the Premium Book.

AMATEURS ONLY! No professionals will be allowed to exhibit. A professional is anyone receiving substantial or regular income from the sale of his/her baked goods, handicrafts, photography, etc. or from use of this talent/skill.

**Any exhibit with the © symbol or term copyrighted is considered to be the work of a professional and will not be accepted.**

*The undersigned exhibitor purports to exhibit at the Salem Fair the items listed below. The exhibitor agrees that the items are entered for exhibition, strictly in accordance with the General Rules and Regulations and Department Rules and Regulations contained within the Salem Fair Premium Book and are the work of an amateur.*

DATE: _____ / _____ / _____	EXHIBITOR NAME: _____
SIGNATURE OF EXHIBITOR (or parent): _____	
PHONE: (____) _____ - _____	EMAIL ADDRESS: _____
ADDRESS: _____	CITY/TOWN: _____ STATE: _____ ZIP CODE: _____
<input type="checkbox"/> CHECK BOX if you entered exhibits in the 2016 SALEM FAIR.	<input type="checkbox"/> CHECK BOX if your address changed since last year.

INITIAL if exhibitor received a RIDE PASS.  RIDE PASS # _____ <small>OFFICE USE ONLY</small>	<b>AGE GROUP</b> (age as of Jan. 1, 2017) <input type="checkbox"/> Y1 (Youth 1) ages 12 and under <input type="checkbox"/> Y2 (Youth 2) ages 13 to 18 <input type="checkbox"/> O (Open) Adult	<b>CATEGORY</b> (if appropriate) <input type="checkbox"/> 4-H member <i>*Appropriate age group should also be selected.</i> <input type="checkbox"/> Adult Community Healthcare Center <input type="checkbox"/> Occupational Therapy
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office use only	Tag #	Division Name	Class #	Exhibit Description

#### Free Ride Pass Agreement:

*In signing below, I am acknowledging that I have received my ride pass for the entries above. I understand that I will not be given another ride pass for subsequent entries in the Art portion of the Blue Ribbon Exhibits. I also understand that the ride pass is only good for one day, either July 5th or July 6th. There will be no refunds or exchanges due to cancellations caused by weather or any other reason. Lost ride passes will not be replaced. I also understand that if a ride pass is altered or copied in any way, that ride pass will be null and void and I will be ineligible to participate in future Blue Ribbon competitions.*

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date