



2019 Salem Fair

LAST NAME: Doe

GENERAL EXHIBITS ENTRY FORM EX #: 1216

Horticulture, Homemaking, Handicrafts, Photography, Woodworking, Healthcare Centers, Occupational Therapy & More! *Art Exhibits will not be accepted on July 1st.*

EACH EXHIBITOR MUST USE A SEPARATE ENTRY FORM.

General Exhibit Registration: Monday, July 1 from 8 a.m. – 6 p.m., Main lobby of Salem Civic Center
Fair Opens for exhibit viewing on Wednesday, July 3rd at 4 p.m.

Exhibit Pick-up: Sunday, July 14, 11:00 a.m. - 6 p.m.


Y1 and Y2 Exhibitors must submit three exhibits to receive ride pass. 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:	<u>7 / 1 / 19</u>	EXHIBITOR NAME:	<u>Jane Doe</u>		
SIGNATURE OF EXHIBITOR (or parent):	<u>Mary Jane Doe</u>				
PHONE:	<u>(540) 521-9999</u>	EMAIL ADDRESS:	<u>mjdove@gmail.com</u>		
ADDRESS:	<u>1000 Any Street</u>	CITY/TOWN:	<u>SALEM</u>	STATE:	<u>VA</u> ZIP CODE: <u>24153</u>
<input checked="" type="checkbox"/>	CHECK BOX if you entered exhibits in the 2018 SALEM FAIR.		<input checked="" type="checkbox"/>	CHECK BOX if your address changed since last year.	

 INITIAL if exhibitor received a RIDE PASS. RIDE PASS # <u>1743</u> <small>OFFICE USE ONLY</small>	AGE GROUP (age as of Jan. 1, 2019) <input checked="" 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	CATEGORY (if appropriate) <input type="checkbox"/> 4-H member <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
	<u>24370</u>	<u>Cookies</u>	<u>063</u>	<u>Bar Cookies Lemon Bars on blue plate</u>
	<u>24371</u>	<u>Fresh Vegetable</u>	<u>018</u>	<u>Peppers, Hot in a red basket</u>
	<u>24372</u>	<u>Candy</u>	<u>093</u>	<u>Peanut Brittle on flowered platter</u>

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 which is printed on the pass. 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.

Mary Jane Doe
 Signature of Recipient

7/1/19
 Date