



2020 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 29th.**

EACH EXHIBITOR MUST USE A SEPARATE ENTRY FORM.

General Exhibit Registration: Monday, June 29 from 8 a.m. – 6 p.m., Main lobby of Salem Civic Center
Fair Opens for exhibit viewing on Wednesday, July 1st at 4 p.m.

Exhibit Pick-up: Sunday, July 12, 11:00 a.m. - 6 p.m.

Y1 and Y2 Exhibitors must submit three exhibits to receive a 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 the 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:	_____
		ZIPCODE:	_____		
<input type="checkbox"/>	CHECK BOX if you entered exhibits in the 2019 SALEM FAIR.		<input type="checkbox"/>	CHECK BOX if your address changed since last year.	

<input type="checkbox"/> INITIAL if youth exhibitor received a RIDE PASS . RIDE PASS # <input type="text"/> <small>OFFICE USE ONLY</small>	AGE GROUP (age as of Jan. 1, 2020) <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	CATEGORY (only if appropriate) <input type="checkbox"/> Adult Community Healthcare Center (nursing home) Classes 450-477 <input type="checkbox"/> Occupational Therapy Classes 500 - 522
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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 one 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.

Signature of Recipient

Date