PLEASE PRINT OR TYPE

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

CITY ZIP PHONE

CLUB/CHAPTER or SCHOOL

CHOWCHILLA Madera County FAIR

PO Box 597
CHOWCHILLA•CA•93610
559.665.3728
WWW.CHOWCHILLAFAIR.ORG

Floriculture

(Please circle correct Department)

Adult Junior 4-H

Entry Form Deadline: April 14, 2010

Dept. No.	Division Number	Class Number	Name, Kind, Variety, Brief Description	Entry Fee
			TOTAL	

The exhibitor agrees to defend, indemnify and hold harmless the Fair, the county and the State of California from and against any liability, claim, loss or expense (including attorneys' fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent or guardian of minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property.

Exhibitor Signature: _____

Parent/Guardian Signature: _____

I certify that this entry is the project of the exhibitor and is eligible to be shown in accordance with the rules of this show.

4-H Leader: _____

For Office Use Only

Date Received:_____

Received by:_____

Exhibitor #:_____

Paid: yes no

Owe:_____