PLEASE PRINT OR TYPE

TEACHERS LAST NAME FIRST GRADE

NAME OF SCHOOL

MAILING ADDRESS

CITY ZIP PHONE

TEACHER ENTRY FORM

CHOWCHILLA Madera County FAIR

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

****STILL EXHIBITS ONLY****
(NOT FOR LIVESTOCK)

TEACHER EMAIL ADDRESS

Is this your first time participating in our Fair?
☐ YES ☐ NO

Entry Form Deadline: April 14, 2010

DEPT #	DIVISION	CLASS	NAME OF STUDENT	DESCRIPTION	ENTRY FEE
				TOTAL ENTRY FEES	$

I certify that these entries are the project of the exhibitors and are eligible to be shown in accordance with the rules and regulations of this Fair.

Teacher's Signature: _____