

OUTAGAMIE COUNTY FAIR
ENTRY FOR OPEN CLASS

Entry Deadline: DUE ON OR BEFORE JUNE 20

Exhibitor No. _____

MUST BE A RESIDENT OF OUTAGAMIE COUNTY

Exhibitor Name _____

Farm Name (optional) _____ Email: _____

PO Address _____

City _____ State WI Zip _____ Premise ID _____

Phone (Day) _____ (Evening) _____

	Dept.	Class	Lot	Exhibit Description	Animal ID	Stall Fee
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

EXHIBITOR PROCESSING FEE = \$5.00 _____

Animal Pen Fees _____

Season Pass Tickets Number _____ @ \$20.00 _____

Dairy Stall Fee \$1.00

Beef Stall Fee \$1.00

Swine Stall Fee \$.50

Sheep & Goats \$.50

Poultry & Rabbits \$.25

Total Enclosed _____

Make Checks Payable to Outagamie County Fair

Office Use Only

Return to:

_____ Cash received (staff initials) _____

Outagamie County Fair

Check No. _____

PO Box 246

Seymour, WI 54165

EXHIBITOR ENTRY STATEMENT

I have read and understand, and in consideration for being permitted to exhibit at this event, agree and consent to abide by the rules of competition, including the IAFE National Code of Show Ring Ethics as stated in this Premium Book.

Judges decisions are FINAL.

Signature _____ Date _____