Kalama Community Fair

Haydu Park - 253 Kalama River Rd
PO Box 546
Kalama, WA 98625

Date: _____ **Exhibitor's No.** _____

Exhibitor's Name: _____

Address: _____

City: _____ **State:**_____

Phone #'s: _____

PLEASE COMPLETE THE ABOVE IN FULL - THIS INFORMATION IS NECESSARY IN ORDER OT AVOID DELAY IN PAYMENT OF PREMIUMS.

Instructions

Please use a different entry form for each **Division**. Additional entry forms are avaliable from the Fair Officer or from the Department Superintendent when exhibit is delivered to the Fair Grounds.

Entries are made subject to all the rules and regulations of the Kalama Community Fair.

Exhibitor's Signature: _____

Ticket #	Dept.	Division	Class	Description	Livestock			Award	Amount
					Sex	Breed	Age		

The owner of exhibits releases the Kalama Community Fair Board from any liability from loss, damage, or injury to exhibits (including livestock) or other property while such property is on the grounds of the Kalama Community Fair.

Total Premium $_____