

Year _____

Exhibitor Registration Form



Name _____

Address* _____

** Mailing address for Premium/Prize Check*

C/S/Zip* _____

Phone () _____ Email _____

School _____ Age _____

By signing below, I acknowledge that I have read, understand, and have complied with all Rules for the Shelby County Fair. I understand that premiums checks will be mailed to the address I provided above and any check returned by the Post Office when a incorrect address is given will be forefitted. I acknowledge that the Kiwanis Club of Columbiana is not responsible for any loss or damage to exhibits. Furthermore, I acknowledge that failure to comply with the Rules may result in disqualification and/or forfeiture of prize money for disqualified entries.

Signature: _____

Entries _____

Online Registration

www.alshelbycountyfair.com

Exhibitors who register online can print Entry Tags from the Registration website. Please see HELPFUL INFORMATION link on the Online Registration page of the Fair website for more information.

	Division # (4 Digits)	Class # (2 Digits)	Entry Tag #	Description	Office Use Check-In	Office Use Computer
	1101	01	9999	Green Apples (Adult Division)	Sample	Sample
	3101	03	8888	Yellow Apples (Youth Ages 4-6)	Sample	Sample
	4101	03	8888	Yellow Apples (Youth Ages 7-9)	Sample	Sample
	5101	03	8888	Yellow Apples (Youth Ages 10-13)	Sample	Sample
	6101	03	8888	Yellow Apples (Youth Ages 14-18)	Sample	Sample
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