Entry Blank
Carter County Fair

Name: _____ **Exhibitors No. _____**

Address: _____

_____ **Date of Birth: _____**

Dept.	Division	Class	Description of article (use exact wording of premium list)	Silent Auction

Use this entry blank for all exhibits to be shown at the fair. Be sure to list Department, Division, Class and description as given in the premium book.

Entries may be mailed to PO Box 164 Ekalaka, MT 59324, Phoned 775-6384, e-mailed ccfair@midrivers.com, or dropped off at the fair office. This information needs to be to the fair office no later than 8:00 p.m. Wednesday of fair week.

All exhibits must remain at the fairgrounds until 5:00 p.m. the last day. Only one exhibit may be shown under any class number.

Two entries under one class number will disqualify them, unless otherwise stated in entry book.

Get Your Entry Blanks in early.

This information needs to be to the fair office no later than 8:00 p.m. Wednesday of fair week to insure proper placement

Dept.	Division	Class	Description of article (use exact wording of premium list)	Silent Auction

I hereby release the Carter County Fair from any liabilities for loss, damage, or injury to livestock or other property, while said property is on the fair grounds.

By handing in this form to the Carter County Fair you are agreeing to the preceding statement.