Exhibitor Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Address Change _____ New Exhibitor___

ADULT ENTRY FORM

44TH DAA
COLUSA COUNTY FAIR
1303 10TH ST.
COLUSA, CALIFORNIA 95932
(530) 458-2641
www.colusacountyfair.com

PLEASE PUT EACH DEPT.
(CLOTHING, FOODS ETC.)
ON SEPARATE FORM

Consult Premium Book for Division, Class Numbers, Entry Fees, and Entry Closing Dates

Leave Blank	DIVISION	CLASS	CLASS DESCRIPTION	ENTRY FEE

LIABILITY—THIS RECEIPT LIMITS OUR LIABILITY.

Please accept the entries described herein. I am the owner of the property specified herein or the supervisor of the project with authorization to act as agent and to bind the owners of the property in all matters herein. I have read, understand and agree to abide by all the rules and regulations governing the fair entries as published in the official Exhibitors Guidebook. I agree to indemnify, defend and save harmless the fair, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all persons in connection with my participation in the fair and from any and all claims and losses accruing or resulting to my person, firm or corporation who may be injured as a result of my participation.

Exhibitors Signature _____

ENTRY FEES _____

TOTAL FEES _____

RECEIPT # _____

OFFICE USE ONLY

EXHIBITOR CODE

Entry Forms may be Photo Copied