The Afton Fair
Floral Hall Entry Form

Office Use Only	
Entry Fee Paid	
Exhibitor Number	

Circle one

Adult or Youth

Complete Name and Address are required. Please fill out in ink.

Exhibitor Name:			
Address:			
City:			
State:		**Zip Code**	
Exhibitor Phone Number:			
Exhibitor E-mail Address:			

I hereby authorize you to enter the following articles in my name to compete for premiums according to rules and regulations.

Place Department, Class and Division Number of each article in the left columns and on the same line with the name of the article.

Dept.	Section	Class	Name of Exhibit or Article	Premium	Award

Send to: Afton Fair Floral Hall, PO Box 15, Afton, NY 13730

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