

CLEVELAND COUNTY FAIR
1751 E. Marion St., Shelby, NC 28152
Fuchia Allen, Manager

Date _____, 20____

ENTRY DAY:

Wed. Sept. 29, 9:00 am – 7:00 pm

Exhibitor Name: _____

REMOVAL TIME:

Mailing Address: _____

Sun., Oct. 10, 2:00 pm to 5:00 pm

PREMIUM CHECKS PICKUP:

County, City, State & Zip: _____

Thurs., Oct. 7, Fri., Oct. 8 & Sat., Oct. 9

Telephone #: _____ **SS #** _____

3:30 pm to 9:30 pm

Sun., Oct. 10, 2:00 pm to 5:00 pm

Junior Exhibitor under 19 – Age _____

The Fair assumes no responsibility in case of loss or damage to stock or other exhibits from any cause; and upon this condition only are entries received. The exhibitor agrees to hold the Cleveland County Fair harmless for all liabilities and agrees that articles exhibited cannot be removed before Sunday following the Fair.

Please note example below—Department, Section and Class Numbers are a must.

No	Dept	Sect.	Class	Description of Article (Use Exact Language of Premium List)
	H	1	2	Example: Best Tray, Centennial
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

I certify that these entries were made or produced since the last fair, and represent my participation in producing the final product.

Signature _____ Date _____, 20_____

CONTINUED

No	Dept	Sect.	Class	Description of Article (Use Exact Language of Premium List)
	H	1	2	Example: Best Tray, Centennial
15				
16				
17				
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35				
36				

I certify that these entries were made or produced since the last fair, and represent my participation in producing the final product.

Signature _____ Date _____, 20_____

