**FORAGE & GRAIN ENTRY FORMS & FEES MUS TBE RECEIVED BY 4:30, AUGUST 9, 2008**
**PLEASE PRINT, USE TYPEWRITER OR BALLPOINT PEN.**
**FORMS CAN BE DOWNLOADED OR FILLED OUT AT WWW.NYSFAIR.ORG**

OFFICE USE ONLY
Exh. #____________________
Fee $6.00______________
Paid ____________________
Check Cash Money Order
Ck #______________________

# FORAGE & GRAIN

**MAIL FORM TO:** **NYS Fair Entry Department**
**581 State Fair Blvd.**
**Syracuse, NY 13209**

Exhibitor Name_______________________________________________
Farm Name ___________________________________________________
Post Office Address ____________________________________________
City __________________________________________ State___________
Zip Code ____________________ County___________________________
Phone Number ________________________________________________

**$6.00** exhibitor's fee must be sent with this form no later than August 9. Individual classes may be entered or changed until August 22.

**Name premium is to be paid to** ______________________________
**Payee's Soc. Sec. # or Federal ID #** ____________________________

| SECTION | CLASS NO. | ARTICLE | YEAR GROWN | VARIETY |
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