FORAGE & GRAIN ENTRY FORMS & FEES MUS TBE RECEIVED BY 4:30, AUGUST 8, 2009
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 ____

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

$6.00 exhibitor's fee must be sent with this form no later than August 8. Individual classes may be entered or changed until August 22.

SECTION	CLASS NO.	ARTICLE	YEAR GROWN	VARIETY