

The Afton Fair Exhibitor Hall Entry Form			Office Use Only		
			Entry Fee Paid		
Circle one Adult or Youth			Exhibitor Number		
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 Exhibitor Hall, PO Box 15, Afton, NY 13730					

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