Madison County Fair Entry Blank/Junior Entry Blank

Please circle one: Adult Junior

Exhibitors must use entry blanks. Additional blanks furnished on request or photocopies of this form may be used. Entries must be received (1) one week prior to opening day of Fair unless otherwise indicated.

DO NOT WRITE IN THIS SPACE

Entry No. _____

Mail to: Entry Clerk, Madison County Fair
P.O. Box 114
Brookfield, NY 13314
Email: entryclerk@madisoncountyfairny.com
Checks Payable to: Madison County Fair
Questions? Please call (315) 899-5867

Please enter the articles named below, subject to the Rules & Regulations printed in the Premium List, to which I agree.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____DOB_____M_____F_____

Parents Name if minor child: _____

Email address: _____

If junior; age as of January 1 of current year_____Last grade completed_____

Dept	Sect	Class	Name of Exhibit

Dept	Sect	Class	Name of Exhibit