

# Saratoga County Fair General Entry Form

Mail to: Saratoga County Fair, Entry Office, 162 Prospect Street, Ballston Spa, NY 12020

**Dept. G Farm Produce** Monday July 22<sup>nd</sup> 9am-5pm

**Dept. J Flowers** Monday July 22<sup>nd</sup> 9am-5pm

**Dept. K Culinary** Sunday July 21st Noon-3pm or Monday July 22<sup>nd</sup> 9am-Noon

**Dept. L Home Arts** Friday July 19th 5pm-7pm or Saturday July 20th 9am-2pm

**Dept. M Fine Arts** Friday July 19<sup>th</sup> 5pm-7pm or Saturday July 20th 9am-2pm

**Dept. N Antiques** Saturday July 20<sup>th</sup> 9am-3pm

**Dept. U Grange** Saturday July 20<sup>th</sup> or Sunday July 21st 9am-5pm

**Dept. Z Conservation** Saturday July 20th 9am-5pm or Sunday July 21st 9am-Noon

or Monday July 22nd 9am-5pm

Please check the department handbook pages for the release times on Sunday & Monday

**Please use a separate entry form for each department.** (Note: *Winners' premium checks will be sent to the address on this form within 30 days of the close of Fair.*)

Department Letter

***Please print!!!***

Also entered in 4H  Yes  No

Exhibitor's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

(if under 18)

Mailing Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Section #	Class #	Article and Description	Entry Fee

The exhibitor agrees to be solely responsible for any loss or injury to or damage done, occasioned by, or arising from any animal, equipment, exhibit, or person on exhibition, and to defend and indemnify the Saratoga County Fair and the management thereof against all claims and liability in regard thereto, and upon these conditions only will entries be accepted. In view of the indemnity agreement appearing herein, exhibitors may find it advisable for their own protection to carry liability insurance if not already covered. By signing this form, the exhibitor agrees that they have read and will abide by the rules of the Saratoga County Agricultural Society and the show ring code of ethics as outlined in the exhibitor handbook.

**Entry Fees**

**Memberships**

**Total**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Make all checks payable to: **Saratoga County Fair**. All premium checks must be cashed **within 30 days** of date of check.