EXHIBIT * EXHIBIT * EXHIBIT

FISHER FAIR Exhibit building Entry

Name_____ Date_____

Mailing Address _____

City _____ State _____Zip _____Phone ( )_____

Email address_____

- Exhibitors may use one form to input multiple categories. **EXHIBITOR NUMBER** _____

Department	Division	Lot	Number	Description	Quantity

Do you agree to receive an electronic version of the Fisher Fair book in the future? Yes _____ No _____

I have read and understand, consent to, and agree to abide by the IAFE (International Association of Fairs and Expositions) National Code of Show Ring Ethics as stated in the premium list of this event. I understand the Fisher Community Fair and Horse Show is not responsible for damaged, lost, or stolen articles of goods. I hereby, for heir's executors, administrators, and myself waive any and all claims I may have for damages against the Fisher Community Fair and Horse Show, its directors and officers, for any injuries suffered by me in connection with the Fisher Fair.

_____ _____

Signature of Exhibitor Date