

THE NEW JERSEY STATE FAIR® / SUSSEX COUNTY FARM & HORSE SHOW DEPARTMENT 82 – OPEN VEGETABLE SHOW ENTRY FORM



PLEASE TYPE OR PRINT CAREFULLY! FILL IN EVERYTHING
INCOMPLETE, INCORRECT AND/OR UNREADABLE FORMS WILL BE RETURNED.

Send completed form to: NJ State Fair®/Sussex County Farm & Horse Show; PO Box 600, Augusta, NJ 07822

Exhibitor Name [one form/exhibitor] _____ Age (if under 14) _____

Address _____ New Address? Yes No

Town _____ State _____ Zip _____ Did you exhibit last year? Yes No

Phone Number (_____) _____ E-mail Address _____

Office use:

For rules & more info go to: www.eieiosussex.com			
Entry fees will be charged as follows for sections VEG, HER, GAR and BAS:		Total # Entries: VEG,HER,GAR,BAS _____	
FLAT FEE per entry form (Children: CHI-CHB are FREE) \$10.00	SCA – Scarecrow Contest Fee - per scarecrow entry	\$ 5.00	FLAT FEE for VEG, HER, GAR, BAS sections
<i>An entry form is <u>per exhibitor</u>. Each exhibitor must enter their own form.</i>	ZUC – Zucchini Contest Fee - per zucchini	\$ 3.00	CRO Fee \$5.00 each
	CHI & CHB (Children)	FREE	ZUC Fee \$3.00 each
Check the day you intend to bring in your entries: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	SCARECROW ENTRY will be brought in on <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		Total Entry Fees Enclosed
			Payment method <input type="checkbox"/> Cash <input type="checkbox"/> Check made payable to NJ State Fair

OPEN VEGETABLE SHOW ENTRIES ONLY

Dept #	Section Code	Class Number	Class Name	
82	SCA	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	Scarecrow Contest	Check if entering in SCA <input type="checkbox"/>
82	ZUC	1	Great Zucchini Contest	Check if entering in ZUC <input type="checkbox"/>
Dept	Section Code	Class Number	Class Name	Variety Name
1	82			
2	82			
3	82			
4	82			
5	82			
6	82			
7	82			
8	82			
9	82			
10	82			
11	82			
12	82			
13	82			
14	82			
15	82			

Use additional space on back if needed.

I Do **or** I Do **Not** wish to receive ribbons
****(if left blank, no ribbons will be issued)****

I Will **or** I Will **Not** pick up my exhibits at the end of the fair
****(if left blank, your exhibits will be Donated to a Local Food Pantry)****

I have read and agree to the rules and regulations as set forth by the IAFE. I agree to leave my exhibit(s) on display until Sunday August 15th or my premiums will be forfeited.

Date _____

Signature _____

Check here if entries are continued the back

Ribbons will be distributed at the end of the show along with premium money.

If picking up your exhibits, they must be picked up between **12 noon – 2 pm on Sunday August 15**. After that time, all remaining exhibits will be donated.

	Dept #	Section Code	Class Number	Class Name	Variety Name
16	82				
17	82				
18	82				
19	82				
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