

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.

Fair Office use:

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 in prior years? Yes No

Phone Number (_____) _____ E-mail Address _____

For rules & more info go to: www.eieiosussex.com			
Entry fees will be charged as follows for sections VEG, HER, GAR and BAS: Entry forms after July 15 will NOT receive a pass to the fair.		Total # Entries: VEG,HER,GAR,BAS _____	
FLAT FEE per entry form \$10.00	SCA – Scarecrow Contest Fee - per scarecrow entry \$ 5.00	FLAT FEE for VEG, HER, GAR, BAS sections <i>does not apply to CHI, CHB, ZUC or SCA</i> \$ 10.00	\$ 10.00
<i>An entry form is per exhibitor. Each exhibitor must enter their own form.</i> Entry forms must be POSTMARKED by July 15 to be eligible to receive passes.	ZUC – Zucchini Contest Fee - per zucchini \$ 3.00		
		CHI & CHB (Children) FREE	Total Entry Fees Enclosed \$
Check the day you will be bringing 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	
		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 Traditional <u>or</u> <input type="checkbox"/> 2 Sculptured		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: VEG, HER, GAR CHI, CHB, BAS	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 2nd page 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)* ***

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 13th or my premiums will be forfeited.

Date _____

Check here if entries are continued the back

Ribbons will be distributed at the end of the show along with premium checks. Rosettes must be retrieved by the exhibitor on Sunday 8/13 - as they are placed with the exhibit after judging.

If picking up your exhibits, they must be picked up between **10:00 am-12:00 noon on Sunday August 13**. After that time, all remaining exhibits will be donated.

Signature _____

	Dept #	Section Code: VEG, HER, GAR CHI, CHB, BAS	Class Number	Class Name	Variety Name
16	82				
17	82				
18	82				
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21	82				
22	82				
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