

GARLAND COUNTY CREATIVE ARTS ENTRY FORM

LAST NAME _____ FIRST NAME _____

ADDRESS _____, _____, AR _____
City Zip Code

PHONE NUMBER _____ E-MAIL _____

AGE (YOUTH ONLY 5-18 Years) _____

DIVISION	CLASS	DESCRIPTION	RIBBON	AWARD

If Best of Show is awarded, would you like that item to be taken to District ___ and/or State ___ Fairs? (Best of Show's will be reassigned Divisions/Classes per District/State criteria. Some items may not be eligible if no division/class is available.)