

Year _____

Exhibitor Registration Form



Kiwanis Club of Columbiana

Name _____

Address* _____
** Mailing address for Premium/Prize Check*

C/S/Zip* _____

Phone () _____ Email _____

School _____ Age _____

By signing below, I acknowledge that I have read, understand, and have complied with all Rules for the Shelby County Fair. I understand that premiums checks will be mailed to the address I provided above and any check returned by the Post Office when a incorrect address is given will be forfeited. I acknowledge that the Kiwanis Club of Columbiana is not responsible for any loss or damage to exhibits. Furthermore, I acknowledge that failure to comply with the Rules may result in disqualification and/or forfeiture of prize money for disqualified entries.

Signature: _____

Entries _____

Online Registration

www.alshelbycountyfair.com

	Division # (4 Digits)	Class # (2 Digits)	Entry Tag #	Description	Office Use Check-In	Office Use Computer
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