OTAL: \$	□Check #	□Cash

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Limestone County Fair Association



 \Box Credit

GUARDIAN'S NAME: ADDRESS:	ember New Lif			
PHONE #: EMAIL:				
EXHIBITOR'S	SCHOOL	GRADE	AGE (at time of show)	4-H OR FFA
FULL NAME				CLUB
).				

Exhibitor	
1.□ 18 & up Waiver □Under 18 Waiver □Drug Policy	6.□ 18 & up Waiver □Under 18 Waiver □Drug Policy
2.□ 18 & up Waiver □Under 18 Waiver □Drug Policy	7.□ 18 & up Waiver □Under 18 Waiver □Drug Policy
3.□ 18 & up Waiver □Under 18 Waiver □Drug Policy	8.□ 18 & up Waiver □Under 18 Waiver □Drug Policy
4.□ 18 & up Waiver □Under 18 Waiver □Drug Policy	9.□ 18 & up Waiver □Under 18 Waiver □Drug Policy
5.□ 18 & up Waiver □Under 18 Waiver □Drug Policy	10.□ 18 & up Waiver □Under 18 Waiver □Drug Policy