

OFFICE USE ONLY

Cash

Credit

TOTAL: \$ _____

Check # _____



Limestone County Fair Association



2023-2024 MEMBERSHIP

Current Lifetime Member New Lifetime Member Annual Member

GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

EXHIBITOR'S FULL NAME	SCHOOL	GRADE	AGE <small>(at time of show)</small>	4-H OR FFA CLUB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MEMBERSHIP FEE = \$10.00 PER FAMILY or \$100.00 LIFETIME

OFFICE USE ONLY – Please check off each form for individual exhibitor

Exhibitor

1. 18 & up Waiver Under 18 Waiver Drug Policy

2. 18 & up Waiver Under 18 Waiver Drug Policy

3. 18 & up Waiver Under 18 Waiver Drug Policy

4. 18 & up Waiver Under 18 Waiver Drug Policy

5. 18 & up Waiver Under 18 Waiver Drug Policy

6. 18 & up Waiver Under 18 Waiver Drug Policy

7. 18 & up Waiver Under 18 Waiver Drug Policy

8. 18 & up Waiver Under 18 Waiver Drug Policy

9. 18 & up Waiver Under 18 Waiver Drug Policy

10. 18 & up Waiver Under 18 Waiver Drug Policy