

DO NOT WRITE IN SHADED AREAS

EXHIBITOR CODE: _____

Please print or type

Last Name First Name

Mailing Address

City, Zip

Area Code & Phone Number

ENTRY INFORMATION MUST BE COMPLETE
ENTRY FORM

ADULT DEPARTMENT

SANTA BARBARA FAIR & EXPO
P. O. BOX 3006
SANTA BARBARA, CA 93130-3006
(805) 687-0766 ext. 224
Photocopies Accepted

Adult Entry Form

Exhibitor's Birthdate ____/____/____

OFFICE USE ONLY	DIVISION NUMBER	CLASS NUMBER	DESCRIBE ENTRY (INCLUDE COLOR, SIZE, NUMBER, OF ITEMS)	ENTRY FEE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

LIABILITY - This receipt limits our liability - PLEASE READ

Please accept the entries (property) described herein. I am the owner of the property specified herein or the supervisor of the project with authorization to act as an agent and to bind the owners of the property in all matters herein. I have read, understand and agree to abide by all the rules and regulations governing the fair entries as published in the official Entry Book. I agree to indemnify, defend, and save harmless the fair, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all persons in connection with my participation in the Fair and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged as a result of my participation.

Signed: _____

Owner/Agent

Date _____

Entry Received

Entry Input

Correction

Entry Fees \$ _____
Other \$ _____

Receipt Number

Receipt Number

Bal Due

\$ _____

\$ _____

\$ _____