

\_\_\_ Open Class

\_\_\_ 4H

Exhibitor  
Number \_\_\_\_\_  
Club  
Number \_\_\_\_\_

# BERLIN FAIR ENTRY FORM – PREMIUM STATEMENT

(In accordance with Act 327, public Acts 1980 as amended)

## 4H EXHIBITOR FORM

**OPEN EXHIBITOR FORMS DUE BY NOON ON FIRST DAY OF FAIR**

Exhibitor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Age (youth only) \_\_\_\_\_

Address (street # , city, zip code) \_\_\_\_\_

**\*\*NO PREMIUM CHECKS ARE MAILED. SEE PG. 7 OF THE FAIR BOOK FOR DETAILS\*\***

Last four digits of Social Security # \_\_\_\_\_ (Open classes only) **Used for exhibitor I.D.**  
**(will be held in confidence by fair)**

	DEPARTMENT NUMBER	SECTION NUMBER	CLASS NUMBER	CLASS DESCRIPTION (As printed in premium catalog)	PLACING
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

\_\_\_ **For the financial benefit of the Berlin Fair, I choose not to receive any premium payment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date