

(CHECK ONE)

Child _____

Junior _____

Adult _____

Senior _____

CLACKAMAS COUNTY FAIR

694 NE 4th Ave – Canby, OR 97013

Collections Entry Form

(For Office Use)

CPI _____

Date _____ By _____

This form must be returned by July 24th, 2009

COLLECTIONS ONLY

Exhibitor's Name (printed) _____ Phone _____

Address _____

City _____ State _____ Zip _____ County _____

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR COLLECTION: _____

Return to: **Clackamas County Fair**
694 NE 4th Avenue, Canby, OR 97013

My signature certifies that I have read, understand, and will abide by the rules and regulations governing exhibits at the Clackamas County Fair as published in the Premium List, and that the owner of exhibit(s) releases the Clackamas County Fair from an liability from loss, damage, or injury to livestock or other property while such property is on the grounds of the Clackamas County Fair. I further declare all statements made in connection with said entries are true.

Signature

- - _____
 Fill in last four digits of your Social Security Number ONLY

Need more forms?
Photocopies Welcome!

**NO ENTRIES ACCEPTED UNLESS ACCOMPANIED BY
SOCIAL SECURITY NUMBER.**