Exhibition Hall Entry

Name_____ **Phone#**_____ **Adult** _____

Address _____ **State** _____ **Youth** _____

City _____ **Age** _____

I GIVE PERMISSION TO GIVE OUT MY PHONE NUMBER TO THOSE INTERESTED IN MY EXHIBITS NO YES

Dept.	Class	Lot	Description	QR #	Office Use

I AGREE TO LEAVE MY ITEMS IN PLACE UNTIL 6:00 PM LABOR DAY. SIGNATURE _____

To expedite the registration process, this form may be filled out prior to the entry times and mailed to:

Darlene Newcombe, 127 So. Howe Rd., Whitefield, ME 04353 before August 24th. **EXHIBITOR #**_____