

**THE NEW JERSEY STATE FAIR® / SUSSEX COUNTY FARM & HORSE SHOW
DEPARTMENT 82 – OPEN VEGETABLE SHOW ENTRY FORM**



PLEASE TYPE OR PRINT CAREFULLY! FILL IN EVERYTHING
INCOMPLETE, INCORRECT AND/OR UNREADABLE FORMS WILL BE RETURNED.

Send completed form to: NJ State Fair®/Sussex County Farm & Horse Show; PO Box 600, Augusta, NJ 07822

Exhibitor Name [one form/exhibitor] _____ Age (if under 14) _____

Address _____ New Address? Yes No

Town _____ State _____ Zip _____ Did you exhibit last year? Yes No

Phone Number (_____) _____ E-mail Address _____

Entry fees will be charged as follows for sections VEG, HER, GAR, EDI and BAS: Entry forms after July 15 will NOT receive a pass to the fair.			Total # Entries: VEG,HER,GAR,EDI, BAS _____	
FLAT FEE per entry form \$10.00	SCA – Scarecrow Contest Fee - per scarecrow \$ 5.00		FEE	\$ 10.00
<i>An entry form is per exhibitor. Each exhibitor must enter their own form. The flat fee of \$10.00 is per entry form whether you enter 1 entry or 100 entries.</i>		ZUC – Zucchini Contest Fee - per zucchini \$ 3.00		
Entry forms for CHI & CHB (Children Sections) through the age of 13 are FREE.		CHI & CHB (Children) FREE		CRO Fee \$5.00 each \$ _____
Entry forms must be POSTMARKED by July 15 to be eligible to receive passes. Please indicate on the right which day you will be bringing in your entries		Check the day you will be bringing in your entries: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		ZUC Fee \$3.00 each \$ _____
			Total Entry Fees Enclosed \$ _____	
			Payment method <input type="checkbox"/> Cash <input type="checkbox"/> Check made payable to NJ State Fair	

OPEN VEGETABLE SHOW ENTRIES ONLY

82	SCA	Scarecrow Contest			Check if entering in SCA <input type="checkbox"/>
82	ZUC	Great Zucchini Contest			Check if entering in ZUC <input type="checkbox"/>
	Dept #	Section Code	Class Number	Class Name	Variety Name
1	82				
2	82				
3	82				
4	82				
5	82				
6	82				
7	82				
8	82				
9	82				
10	82				
11	82				
12	82				
13	82				
14	82				
15	82				

Use additional space on back if needed.

I Do or I Do Not wish to receive ribbons
 ****(if left blank, no ribbons will be issued)* ***

I Will or I Will Not pick up my exhibits at the end of the fair
 ****(if left blank, your exhibits will be Donated to a Local Food Panty)* ***

Check here if entries are continued the back

Ribbons will be distributed at the end of the show along with premium money.

If picking up your exhibits, they must be picked up between 5:00 - 6:00 pm the last Sunday of the fair. After that time, all remaining exhibits will be donated.

I have read and agree to the rules and regulations as set forth by the IAFE. I agree to leave my exhibit(s) on display until 5:00 pm on the last day of the fair or my premiums will be forfeited.

Date _____

Signature _____

	Dept #	Section Code	Class Number	Class Name	Variety Name
16	82				
17	82				
18	82				
19	82				
20	82				
21	82				
22	82				
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