

2017 HEBRON HARVEST FAIR COMPETITIVE EXHIBIT ENTRY FORM



Mailed entries must be RECEIVED ON or BEFORE August 31, 2017.
Online entries must be submitted before 11:59 pm September 1, 2017.

DO NOT MAIL Entries that have been submitted online.

<http://compete.HebronHarvestFair.org>

APPLICANT GENERAL INFORMATION

Applicant/Exhibitor Name _____ Age _____ Phone _____
 Address _____ SSN (last four digits) _____
 City/Town _____ State _____ ZIP _____
 E-Mail Address _____

Please accept my application for:

Arts and Crafts Registration – Check age group and all categories that apply.
 Complete additional information on page 2 (department, class, lot and description).

Age group: Children (ages 6-12) Junior (ages 13-17) Adult Senior (ages 65 and over)

Fruits	Vegetables	Food	Canned Goods	Arts & Crafts	Handwork
Floral	Garden Container	Jack-O-Lantern	Children	Hebron Fair Photography	
State Apple Pie	State Photo Contest	State Quilt Contest	Junior State Baking	Adult State Baking	

Christmas Trees and Wreath Registration – Complete additional information on page 2 (department, class, lot and description).

<p style="background-color: yellow; margin: 0;">For Arts & Crafts and Christmas Trees:</p> <p style="margin: 0;">Please mail completed applications to:</p>	Hebron Harvest Fair ATTN: (Arts & Crafts OR Christmas Trees) 347 Gilead Street Hebron, CT 06248
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Livestock Registration

Complete additional information on page 2 (department, class, lot and description).

Dairy	Junior Dairy	Beef	Junior Beef
Poultry, Rabbits and Pets	Dairy Goats	Sheep	Swine

Old Farm Display Best Restored Tractor – Complete and mail to Betty J. Dove, c/o Hebron Harvest Fair, 347 Gilead Street, Hebron, CT 06248
 Age of tractor must be 65 years or older.

Make of Tractor _____ Model _____ Year _____

For Livestock Entries: Please mail completed applications directly to barn superintendents.

I have read and understand the judging criteria and/or rules of the contests, and I agree to all conditions set forth therein. Please be sure to include the last 4 digits of your SSN at the top of this form. State reporting requirements may require us to get your complete SSN before premiums payments can be made.

Applicant/Exhibitor Name _____

If Applicable Parent/Guardian Name _____

Applicant/Exhibitor/Parent Signature _____ Date _____

