Exhibitor Name: _____
Mailing Address: _____
_____
City:_____ State:_____ Zip: _____
E-mail address:_____
Phone: (H) _____
Alternate phone:_____
Birth date if required:_____

A SEPARATE ENTRY FORM IS REQUIRED FOR EACH DEPARTMENT

Nebraska State Fair

August 26 thru September 5, 2011

Foods

I will deliver my entries to:
___ Grand Island
___ Lincoln – drop-off point
___ North Platte – drop off point
___ Will mail/ship/deliver to Grand Island

Return by ____Pickup ____ USPS ___ UPS

Picked-up at close of fair by_____
---Person's Name if other than Exhibitor---

On-line entry is encouraged. Refer to department entry books at www.statefair.org for details on entry dates and drop-off locations

Exhibitor Tickets:

Purchase of tickets must be made on the entry form. No additional tickets can be purchased after the form has been submitted. A maximum of 5 tickets per household for the sole use of the household are allowed. Orders in excess of 5 tickets will not be provided. There will be no refunds for excess tickets ordered nor for unused tickets.

Payments:
Exhibitor Ticket (max of **5** per household)
_____ @ $ 4.00 _____
Return postage/shipping cost of entries _____
TOTAL _____

Letters/Payments to : Nebraska State Fair
PO Box 1387
Grand Island, NE 68802

Packages to : Nebraska State Fair
1811 W 2nd St, Ste 440
Grand Island, NE 68803

Please accept entries listed below, subject to rules and classifications as printed in the current Nebraska State Fair Entry Book information.
I will abide by said rules and classifications, and I declare all my statements regarding entries are true. Exhibitor Signature _____

Division#	Class#	Exhibit Information - Description -- title, size, color, identifying design--	Division#	Class#	Exhibit Information - Description --title, size, color, identifying design--
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____