

# Entry Form

Department 11 – Youth

Exhibitor No: \_\_\_\_\_ (Not mandatory, but makes registering faster)

Date Received \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department	Section	Class	Name of Class

Must be returned by August 15 to:

Linda Zahn  
118 Pflug Road  
New Brighton PA 15066