

DO NOT WRITE IN SHADED AREAS

ENTRY INFORMATION MUST BE COMPLETE

Adult Entry Form

EXHIBITOR CODE: _____

ENTRY FORM

Please print or type

ADULT DEPARTMENT

Last Name _____ First Name _____

SANTA BARBARA FAIR & EXPO
P. O. BOX 3006

Exhibitor's Birthdate ____ / ____ / ____

Mailing Address _____

SANTA BARBARA, CA 93130-3006
(805) 687-0766 ext. 224

City, Zip _____

Photocopies Accepted

Area Code & Phone Number _____

| OFFICE USE ONLY | DIVISION NUMBER | CLASS NUMBER | DESCRIBE ENTRY (INCLUDE COLOR, SIZE, NUMBER, OF ITEMS) | ENTRY FEE |
|-----------------|-----------------|--------------|--|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

LIABILITY - This receipt limits our liability - PLEASE READ

Please accept the entries (property)described herein. I am the owner of the property specified herein or the supervisor of the project with authorization to act as an agent and to bind the owners of the property in all matters herein. I have read, understand and agree to abide by all the rules and regulations governing the fair entries as published in the official Entry Book. I agree to indemnify, defend, and save harmless the fair, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all persons in connection with my participation in the Fair and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged as a result of my participation.

Signed: _____
Owner/Agent

Date _____

Entry Fees \$

Other \$

| | | |
|----------------|----------------|----|
| Entry Received | | |
| Entry Input | Amt Enclosed | \$ |
| Correction | Receipt Number | |
| | Bal Due | \$ |



