xnibitor	#		/ SCARECROW	Entry Form
		PLEASE PRINT CLEARLY		
ast Nam.	e	First Name		
\ddress _				
hone # _		Email address		
CAT.	CLASS	ITEMS	PLACE	AWARD
			TOTAL	
		WAIVER OF LIABILITY		
of the Bar	nesville Pui	understand and acknowledge th , understand will use all reasonable care to safeguard exhibits entered and w	ne Horticulture hile on Festival	Department grounds but
		stances be responsible for any loss or injury that may occur. Date		
		DEPARTMENT USE ONLY		
Award	collected /	donated Date/timeINITIALS : Exhibitor	Chair	