Exhibitor #	‡
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2025 Barnesville Pumpkin Festival HORTICULTURE Entry Form

PLEASE PRINT CLEARLY						
Last Nam	e		First Name			
Address _						
			ress			
CAT.	CLASS	ITI	EMS	PLACE	AWARD	
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				TOTAL		
				TOTAL	1	
			OF LIABILITY			
of the Bar	nesville Pum _l		, understand and acknowledge re to safeguard exhibits entered and or injury that may occur.			
		DEPARTMENT	USE ONLY			
Award	collected / do	onated Date/time	INITIALS : Exhibitor	Chair		