For Office Use
Exhibitor Number

Exhibitor Entry Form

Giant Pumpkin Contest

Exhibitor's Name:_____**Farm Name:**_____**Youth Birthday:**_____

Address:_____**City:**_____**State:**_____**Zip Code:**_____

County:_____**Telephone:**_____**Fax:**_____

Exhibitor's Social Security Number or Taxpayer ID#:_____

W-9 or W-8 REQUIRED TO RECEIVE PREMIUM MONEY

QTY	Exhibitor Fees	Fee	Total
	Open Exhibitor Fee (includes 1 exhibitor admission pass)	FREE	
1 only	Pumpkin Entry Department 46- section 7- class 1 FREE THANKS TO OAKLAND CO FARM BUREAU	FREE	
	Helper Passes	$12.00	
	Parking Pass – Weekend	$15.00	
	Mail in entry fee		
	Late fee (August 2 - 10)	$25.00	
	GRAND TOTAL		
	Make checks payable to: MSFLLC (Michigan State Fair LLC) U.S. Funds only		

Mail Entry Forms to:
MSFLLC
46100 Grand River Ave.
Novi, MI 48374
Telephone: 248-348-5600
Fax: 248-347-7720

Mastercard **Visa** **Expiration Date:**_____

I authorize the MSFLLC to charge my credit card all fees due for the above entries in accordance with the terms and conditions of my cardholder agreement.

Credit Card Number:_____
Printed Name on Card:_____
Cardholder's Signature:

HOME ARTS FORM

Exhibitor's Name: _____

Please Print

Describe Entry: _____

Department #	Section #	Open Classes	Youth Classes	CLASS DESCRIPTION

Every entry you bring to the fair must be listed on this entry form.
If you make 2 entries in one class BOTH entries MUST be on this entry form.

Department #	Section #	Open Classes	Youth Classes	CLASS DESCRIPTION

THIS FORM MAY BE COPIED