

DUTCHESS COUNTY FAIR — RHINEBECK, NEW YORK

Entries Phone — (845) 876-2789 — entries@dutchessfair.com

OFFICE USE ONLY

EXHIBITOR'S NO.

GENERAL ENTRY FORM

1. **Use separate entry blank for each Department entered.**
2. Entry fee must be sent with this form, checks payable to DCAS Inc.
3. **FORMS MAY BE COPIED.**
4. MAIL ALL ENTRIES TO: Superintendent of Entries, P.O. Box 389, Rhinebeck, NY 12572.
5. If Entry Form is not complete or illegible to read, payment and entry form will be returned to you.
6. **ONLY ONE** exhibitor name per entry form.

The undersigned proposes to exhibit at the Dutchess County Fair the articles hereinafter named and hereby certifies that the said mentioned articles are hereby entered for exhibition strictly in accordance with the Rules and Regulations contained in the Fair Premium Book, by which the undersigned agrees to be governed in exhibiting the same.

THERE WILL BE NO CONFIRMATION OF ENTRIES AND FEE RECEIVED

Phone # _____ E-Mail Address _____

Name: (PRINT) _____ County of Residence: _____

Mailing Address: _____

Signature of Exhibitor: _____

NO LIABILITY

1. EVERY POSSIBLE PROTECTION AND COURTESY WILL BE EXTENDED TO EXHIBITORS AT THE DUTCHESS COUNTY FAIR BUT THE BOARD SHALL NOT BE RESPONSIBLE FOR ANY LOSS OF EXHIBITS, ANIMALS OR EQUIPMENT IN CASE OF FIRE, THEFT OR LOSS FROM ANY OTHER CAUSE.
2. THE DUTCHESS COUNTY AGRICULTURAL SOCIETY INC., ITS AGENTS, SERVANTS, AND EMPLOYEES SHALL NOT BE HELD LIABLE IN CASE OF INJURY TO EXHIBITORS, CONCESSIONAIRES, OR THE PUBLIC ON THE GROUNDS OR IN THE BUILDINGS FROM ANY CAUSE WHATSOEVER WHILE ON THE GROUNDS OF THE DUTCHESS COUNTY FAIR.

Department	Section	Division	Class No.	DESCRIPTION OF EXHIBIT <small>No entries will be accepted unless listed in Premium Book and Class No. given</small>	Amount of Entry Fees	
					\$	Cts.
<small>(If necessary, use other side of this form)</small>					Total	

All exhibitors please state age _____

