



Participant Number _____
Official Use Only

2010 Fair Registration

Participants must register items. Drop off locations and dates vary by department and category. Registration forms must be received at specified locations by dates specified in the Brevard County Fair Premium Book.

No Exceptions.

Please accept the following entries, subject to rules and regulations of the Brevard County Fair as published in the Premium Book by which I agree to be governed in exhibiting. All statements made in connection with the said entries are true. I specifically agree to abide by the published official release times for removal of exhibits and articles. Only items on this form will be accepted for entry into the fair.

Last Name _____ First Name _____

Email: _____ Phone _____

Address _____

City _____ State _____ Zip _____

School (if applicable) _____ Teacher _____

| Entry # (Office only) | Dept. | Category | Division | Section | Class | Description |
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I, (we) hereby agree that the Brevard County Fair or University of Florida, Brevard County IFAS Extension will not be responsible for the loss or damage to property, or for personal injury which is a result of my participation in the Brevard County Fair. Upon signing this statement, I, as guardian or parent, or adult, release the Brevard County Fair and University of Florida, Brevard County IFAS Extension and accept complete responsibility.

Exhibitor or parent/guardian – adult signature _____

Do not sign until items are dropped off at designated locations.