

ENTRY FORM FOR 153rd ANNUAL HARWINTON FAIR – SATURDAY, OCTOBER 3 and SUNDAY, OCTOBER 4, 2009

ALL FORMS FOR ENTRIES OF ANIMALS MUST BE SENT TO SUPERINTENDENT OF THAT DEPARTMENT – SEE DEPARTMENT CATEGORIES FOR ADDRESSES. This entry form must be completed by exhibitor and mailed to reach Lisa Shimels, 122 Moore Drive, Torrington, CT 06790, **on or before Wednesday, September 23rd.** **No exceptions will be made for late entries.** Each exhibitor must use a separate entry form. An entry fee of \$7 for each nonmember person 13 and over must accompany entry form (checks are payable to Harwinton Agricultural Society). A signature of parent or guardian is required for all youth exhibitors. **Entry tags for exhibited items must be obtained from the secretary’s office ON THE FAIRGROUNDS between 6 and 8pm on Thursday, October 1st or Friday, October 2nd, and articles displayed in appropriate departments, OR, between 8 and 9:15am on Saturday, October 3rd, with all articles placed on display positively no later than 9:30am on Saturday, October 3rd, to be judged (unless otherwise specified).**

HARWINTON FAIR – WAIVER AND INDEMNITY AGREEMENT

As a condition of entry in the below-listed event(s), I hereby waive any claim for damages to my person or my property which may arise against the Harwinton Agricultural Society or Harwinton Fair as a result of the participation by myself, my agent or employees or any livestock owned or entered by me; and I further agree to indemnify and save harmless the Harwinton Agricultural Society or Harwinton Fair against all claims, demands, suits and expenses arising out of an injury to any person or damage to any property caused by my livestock, personal property, agents, employees, members of my family or myself.

Dated _____ **2009**

REQUIRED: Signature of exhibitor or parent/guardian if minor: _____

Exhibitor’s Name _____

Mail Address _____

Town/City _____ Zip _____ Phone _____

Do Not write
in these columns.

For Secretary’s
use only.

ALL EXHIBITORS IN DEPT. P – YOUTH – **MUST LIST AGE** _____

| DEPT. LETTER | DEPT. | NAME OF EXHIBIT – (Please Specify Varieties, etc.) | AWD. | AMT. |
|---|-------|---|------|------|
| PLEASE BE SURE TO LIST ALL ITEMS AT THIS TIME. NO CHANGES OR ADDITIONS WILL BE MADE ON FRIDAY EVENING OR SATURDAY OR SUNDAY A.M. | | | | |
| 1 | L | 1 Tablecloth (example – page 41) See page 25 for suggestions. | | |
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