



ENTRY FORM • 165th ANNUAL HARWINTON FAIR

FRIDAY, SEPTEMBER 30 • SATURDAY, OCTOBER 1 • SUNDAY, OCTOBER 2, 2022

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, (860) 489-0762, 122 Moore Drive, Torrington, CT 06790, **on or before Wednesday, September 21st.** No exceptions will be made for late entries. Each exhibitor must use a separate entry form. An entry fee of \$10.00 for each nonmembers 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 may be picked up ahead of the Fair on Wednesday, September 28th from 6:00 to 8:00 PM at the Secretary Office. Positively no dropping off of entries at that time. Entry tags for exhibited items must be obtained from the Secretary's Office ON THE FAIRGROUNDS between 6:00 PM and 8:00 PM on Thursday, September 29th, and articles displayed in appropriate**

departments, OR, between 4:00 PM and 5:00 PM on Friday, September 30th, with all articles placed on display positively no later than 5:00 PM on Friday, September 30th, 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 _____ 20 _____

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

Exhibitor's Name: _____

Mail Address: _____ Town/City: _____ Zip: _____

Phone: _____ Email: _____

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

Do Not Write in these columns.
For Secretary's use only.

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 AM.		
1 L	30	Crocheted Tablecloth (example - page 29). See page 19 for suggestions.		
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