								OFFIC	E USE		
Fair Dates: Aug. 8-13, 2023					The Cuyahoga County Fair P.O. Box 135 Berea, Ohio 44017			Exhibitor No.:			
	Entries Close:					Receipt No.: _	Receipt No.: Processed By:				
					_	Celephone: (440) 243-0090 Fax: (440) 243-0344					
					Exhik	bitors Entry Form Entered By:					
A	RTS	and	d CI	RAFT	S. CAN	For INE, FLORA	L. GAI	RDEN PR	ODU	CE	
					-,	,	•	ne ()			
Jan	1e						Pho	ne ()	-		
[dd:	ress _					E-l	Mail				
City							State	Zip_			
Ln No.	Dept Sec Class No. of No. No. No. Entries					Description of Entry as written in Premium Book				*Show 1st 2nd	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Е	nter (On-Lin	e at w	ww.cuy	fair.com	Note: Please Refer to the				nents.	
Check One					Fee	Make checks Payable to: Cuyahoga County Fair Use Reverse Side of this Form for Additional Entries.					
	Exhibitor Early Entry Fee 2 Admissions - By July 14				\$10.00	Unclaimed items will be donated to charity 7 days after the close of the Fair.					
	Exhib	itor En	try Fee	•	\$12.00	CREDIT CARD: VI Card Number:		C 🗋 DISCOV			
	2 Admissions - By July 28					Expiration Date:					
DI	. 1.	(d T	(1 NT - 1			Name on Card:		-			
The C upon th and m Society soever	uyahoga he Cuyah aintained y and the The afor	County Fa oga Coun upon the Cuyahoga resaid inde	airboard an ty Fairgrou Cuyahoga a County Fa emnificatior	nds. Exhibito County Fai airboard har shall includ sumes no res	County Agricultu or/Entrant specific rgrounds by then mless from any a e injuries to the p sponsibility for err	ral Society assume no responsibil ally acknowledges his/her or its av at their sole risk. Further, entra nd all claims to or resulting from t erson or property of third parties ors or omissions in the foregoing	vareness that live nt/exhibitor agree heir respective live resulting from the booklet."	estock and exhibition art es to hold the Cuyahog ivestock and/or exhibits t e aforesaid livestock and	icles are pl a County A rom any ca	aced upor Agricultura ause what	
XHIB	ITOR (Pf	RINT)			Must be sig	FOR/BY EXHIBITOR/E	nder 18		DATE	E	

T T T

Т

L

Ы

L

1

н

Ln Dept No. No.		Sec No.	Class No.	No. of Entries	Description of as written in Premi		ow 2nd	
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
Not	e: Cor	nplete	if Sep	arate Page.			•	
Nam	ie				Phone	Cell		_
۵dd	ress _				City	State	Zip	_

i.