State Fair School Exhibit Entry Form

Name of County:																
Name	e of School:															
Addr	ess:															
School	l Contact Name a	nd Phone Nui	mber:													
	TEACHERS FILL OUT FIRST FOUR BOXES ONLY					STATE FAIR USE ONLY										
School Tag Entry #	Student (s)	Teacher	Brief Description	Fair Entry #	Total	Sch.	Gr.	Div.	В	R	W	Р				

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