

PERSONAL ENTRY SHEET
One Entry Sheet Per Person Per Department

Registration #: _____ Note: The following information is required to pay premiums.

Name: _____

SENIOR

JUNIOR

Address: _____

BX (8 years old & under)

BY (9 to 13 years old)

City: _____ Zip _____

BZ (14 to 19 years old)

Email: _____

Cell: _____

DEPARTMENT 17 - FIELD CROPS

Home: _____

Entry Tag #	DIVISION	CLASS	DESCRIPTION OF ITEM	PLACE	POINTS

TOTAL ENTRIES _____

TOTAL POINTS _____