PERSONAL ENTRY SHEET

One Entry Sheet Per Person Per Department

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

Name: _____

Address: _____

City: _____ Zip _____

Email: _____

Cell: _____

Home: _____

☐ **SENIOR**

☐ **JUNIOR**

- ☐ BX (8 years old & under)
- ☐ BY (9 to 13 years old)
- ☐ BZ (14 to 19 years old)

DEPT 19–FOOD PRESERVATION

Entry Tag #	DIVISION	CLASS	DESCRIPTION OF ITEM	PLACE	POINTS

TOTAL ENTRIES _____

TOTAL POINTS _____