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)

## DEPARTMENT 20 – BAKED GOODS

| Entry Tag # | DIVISION | CLASS | DESCRIPTION OF ITEM | PLACE | POINTS |
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TOTAL ENTRIES _____

TOTAL POINTS _____