PERSONAL ENTRY SHEET
One Entry Sheet Per Person Per Department

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

Name: _____

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

Address: _____

City: _____ Zip _____

Email: _____

Cell: _____

Home: _____

DEPARTMENT 17 – FIELD CROPS

Entry Tag #	DIVISION	CLASS	DESCRIPTION OF ITEM	PLACE	POINTS

TOTAL ENTRIES _____   TOTAL POINTS _____