

Animal Entry Payment Confirmation

Date: _____

Name: _____

Street:

City, State, Zip:

Phone Number: (_____) _____

Department Number: _____

Department Name:

Number of Head	Entry Fee per Head	Total Due
_____	X _____	= _____

Mail completed form to Department Chairman with check (made payable to Crawford County Fair) **postmarked by July 20, 2018** (entry fee due date).

Duplicate this form as needed for each animal department entered.