Crawford County Fair Entry Tag Correction Form

All corrections MUST be submitted by 4 PM, Friday, August 13th.

Name:				Phone:		
Address:				City:_	Zip:	
ınior Exhi	oitors Grade	(as of Janua	ary 1 st of the	current year):Birth date:	
			Parent/Guardian:			
ame of Ci	ub/Organizai	tion:				
#	Dept.	Class	Item#	*	Description of Exhibit	
Delete	1					
Add						
Delete						
Add						
Delete						
Add						
ADD						
ADD						
ADD						
		Final judg	ging Sheet	s will be prir	BE MADE AT THE FAIR. Inted August 13th, at 4:00 PM	
RETUR					eaumont, Suite 240, Prairie du Chien, WI, 53821 e completed form to 608-326-0226	
		NO E	MAIL COF	RRECTIONS	WILL BE ACCEPTED.	
REE WITH	AND ACKNO	WLEDGE the	corrections	to my tags.		

For additional entry forms visit www.crawfordcountyfair.com