Print

Poultry

Name of Exhibitor:_____

Mailing Address:_____City_____

State:_____Zip_____Phone_____

Youth(DOB)_____Youth Class_____Open Class_____

No. of Animals Entered:_____No. of Cages: _____

Email Address: _____

Class	Lot #	Breed	Ck	Hen	Ckl	Plt	Btm/ Std	Awd	Amt

Send Completed Form to: Secretary@4townfair.com
Mail to: ATTN Secretary Four Town Fair PO Box 24 Somers, CT 06071