THE NEW JERSEY STATE FAIR® DEPARTMENT 82 – OPEN VEGET PLEASE TYPE OR PRINT CAREFULLY! FILL INCOMPLETE, INCORRECT AND/OR UNREA	ABLE SHOW ENTRY IN EVERYTHING	FORM	HORSE SHOW	air Office use:			
Send completed form to: NJ State Fair [®] /Sussex County Farm & Horse Show; PO Box 600, Augusta, NJ 07822							
Exhibitor Name [one form/exhibitor]	Age (if under 14)						
Address		_ Ne	w Address? 🛛 Yes 🗆 No	2025			
TownState	Zip Did you exhibit in prior years? □ Yes □ N			res 🗆 No			
Phone Number ()							
Ribbons [§] (If left blank, no ribbons will be issued) Donate [∓] Exhibits at the end of the fair (if left blank, your exhibits will be donated)							
□ I do want to pick up my ribbons	E my ent	ntries					
□ I do NOT want ribbons □ I will pick up my exhibits at the end of the fair							
For rules & more info go to: <u>www.eieiosussex.com</u>							
Entry fees will be charged as follows for section Entry forms postmarked after July 15 th will NOT re	Total # Entries: VEG,HER,GAR,BAS						
FLAT FEE per entry form* \$10.00 An entry form is <u>per exhibitor.</u> Each	SCA – Scarecrow Contest Fee - per scarecrow entry\$ 3		* FLAT FEE for VEG, HER, GAR POL, BAS sections <u>does not</u> apply to CHI, CHB, ZUC or SCA	^{2,} \$ <u>10.00</u>			
exhibitor must enter their own form.	ZUC – Zucchini Contest		SCA Fee \$3.00 each	\$			
Entry forms must be POSTMARKED by	Fee - per zucchini	\$ 3.00	ZUC Fee \$3.00 each	\$			
July 15 to be eligible to receive passes.	CHI & CHB (Children)	FREE	Total Entry Fees Enclosed	\$			
Check the day you will be bringing in your	SCARECROW ENTRY will be brought in on Friday Saturday		Total Entry Fees Enclosed 5				
entries: □ Friday □ Saturday			Payment method □ □ Check made payable to N				
OPEN VEGETABLE SHOW ENTRIES ONLY							

Dej	pt #	Section Code		CI	ass Number	Class Name		
8	32	SCA	□1	Tradition	al <u>or</u> 🛛 2 Sculptured	Scarecrow Contest		Check if entering in SCA
8	32	ZUC		1		Great Zucchini Co	ontest	Check if entering in ZUC
Dept # Section VEG, HER CHI, CHE		R. GAR	Class Number	Class I	lame		Variety Name	
1	82							
2	82							
3	82							
4	82							
5	82							
6	82							
7	82							
8	82							
9	82							
10	82							
11	82							
12	82							
13	82							
14	82							
15	82							

Use additional space on 2nd page if needed.

Check here if entries are continued the back

- · - · - · - · - · - ·

\$ Ribbons will be distributed at the end of the show along with premium checks. Rosettes must be retrieved by the exhibitor on Sunday 8/10 – they are in the Best of Show area

F If picking up your exhibits, they must be picked up between **10:00 am-12:00 noon on Sunday August 10.** After that time, all remaining exhibits will be donated

I have read and agree to the rules and regulations as set forth by the IAFE. I agree to leave my exhibit(s) on display until Sunday August 10th or my premiums will be forfeited.

Date ____

Signature _

	Dept #	Section Code: VEG, HER, GAR CHI, CHB, BAS	Class Number	Class Name	Variety Name
16	82				
17	82				
18	82				
19	82				
20	82				
21	82				
22	82				
23	82				
24	82				
25	82				
26	82				
27	82				
28	82				
29	82				
30	82				
31	82				
32	82				
33	82				
34	82				
35	82				
36	82				
37	82				
38	82				
39	82				
40	82				
41	82				
42	82				
43	82				
44	82				
45	82				
46	82				
47	82				
48	82				
49	82				
50	82				
51	82				
52	82				
53	82				
54	82				
55	82				
56	82				
59	82				
50	82				