

Did you enter in 2015 Y _____ N _____
 Has your address changed since 2015 Y _____ N _____

For Office Use Only Exh. #

**OHIO STATE FAIR ENTRY FORM
 HORTICULTURE/FLORICULTURE**

Entry Deadline - July 1, 2016

Processing Fee.....x \$10.....
 6-Day Advance Admission Ticket (Optional).....x \$28 each.....
 Single Advance Admission Ticket (Optional).....x \$ 6 each.....
 6-Day Parking Permit (Optional, only one).....x \$50 each.....
 All Additional Parking Permits (6-Day only).....x \$75 each.....

PAYMENT TYPE: CHECK _____ CREDIT CARD _____

Mastercard _____ Visa _____

Acct # _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ TELEPHONE () _____ E-MAIL ADDRESS _____

\$10 entry fee is required. Please note that when entering more than one department for the Fair (i.e. Fine Arts, Livestock, etc.) a separate entry blank is required. All entries must be made in the name of the bona fide owner. Mail this entry form to the Ohio State Fair, Entry Department, 717 East 17th Avenue, Columbus, Ohio 43211.

Division No.	Class No.	Class Description

The undersigned hereby agrees to be bound by the rules and regulations of the Agriculture/Horticulture/Floriculture Division of the Ohio State Fair, and further agrees to be bound by the decision of the Ohio Expositions Commission in case of any dispute arising from the interpretation or application thereof. Premiums will not be paid if Social Security number is not provided or the entry form is not signed. I certify that the number shown on this form is my correct taxpayer identification. Any photographs taken of me or of anyone whom I am legal guardian become the sole property of the Ohio Expositions Commission. Such photographs may be used at the commission's discretion without compensation to or prior approval from me. The Ohio Expositions Commission is a Equal Opportunity Employer and Service Provider.

 Exhibitor's Signature Date