**FORAGE & GRAIN ENTRY FORMS & FEES MUS TBE RECEIVED BY 4:30, JULY 29, 2016**
**PLEASE PRINT, USE TYPEWRITER OR BALLPOINT PEN.**
**FORMS CAN BE DOWNLOADED OR FILLED OUT AT WWW.NYSFAIR.ORG**

OFFICE USE ONLY
Exh. #_____
Fee $10.00_____
Paid _____
Check Cash Money Order
Ck #_____

# FORAGE & GRAIN

**MAIL FORM TO:** **NYS Fair Entry Department**
**581 State Fair Blvd.**
**Syracuse, NY 13209**

Exhibitor Name_____
Farm Name _____
Post Office Address _____
City _____ State_____
Zip Code _____ County_____
Phone Number _____

**$10.00** exhibitor's fee must be sent with this form no later than July 29. Individual classes may be entered or changed until August 24.

**If this is an Organic entry, you must provide the certifier's name and phone number below:**
_____

**Name premium is to be paid to _____**
**Payee's Soc. Sec. # or Federal ID # _____**
**The New York State Office of the State Comptroller requires state agencies to document Payee ID (social security number or federal ID number) prior to issuing payment. Failure to provide the New York State Fair with your social security number or federal identification number will result in the forfeiture of all prize money.**

| SECTION | CLASS NO. | ARTICLE | YEAR GROWN | VARIETY |
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Exh. Info _____
Entry Info _____
Fee Info_____
Date Complete_____