EXHI	BITOR INFORMATI	ON		DO NOT WRITE II	N SHADED AREAS
Last Name	First Name		ADULT EXHIBIT	EXHIBITOR CODE	
Mailing Address			ENTRY FORM	ENTRY INFORMATION <u>MUST</u> BE COMPLETE.	
City, Zip			SANTA BARBARA FAIR & EXPO 3400 Calle Real	Please read rules and additional information needed for form in <i>Exhibit</i>	
Phone Number			SANTA BARBARA, CA 93105 (805) 687-0766	Catalogue. ATTACH SUBLIMENTAL EXHIBIT	
Email			Exhibitor's Birthdate//	DOCUMENTS TO THIS FORM. Photocopies Accepted.	
OFFICE USE ONLY	DIVISION	CLASS	DESCRIBE ENTRY (INCLUDE COLOR AND SIZE)	l	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
LIABILITY - This receipt limits our liability - PLEASE READ					

Please accept the entries (property)described herein. I am the owner of the property specified herein or the supervisor of the project with authorization to act as an agent and to bind the owners of the property in all matters herein. I have read, understand and agree to abide by all the rules and regulations governing the fair entries as published in the Official Entry Book. I agree to indemnify, defend, and save harmless the fair, its officers, agents and employees from any and all clamis and losses accuring or resulting to any and all persons in connection with my participation in the Fair and from any and all claims and losses accuring or resulting to any and all persons in connection with my particiation in the Fair and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be damaged as a result of my participation.

Signature:_____

EXHIBIT OWNER/ AGENT

Date_____