



# Hudsonville Fair

4H ENTRY DEADLINE IS AUGUST 1st

4H Back #: \_\_\_\_\_

Exhibitor #:

(Exhibitor # is the First Letter of Last name  
+ last 4 digits of Soc. Sec. #)

**PLEASE PRINT OR TYPE (Entry will not be accepted if not legible or completely filled out)**

New Exhibitor:  Returning Exhibitor:  Address Changes:  Yes  No

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DIRECTIONS:** Entries improperly entered will not be accepted or corrected by office staff. When listing your exhibits, group together each separate department. **Mail to: Hudsonville Community Fair, PO Box 189, Hudsonville MI 49426**

	Department #	Section #	Class #	Class Description (as printed in premium catalogue)
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