MUST BE RECEIVED BY AUGUST 12, 2016
NO EXCEPTIONS
Michigan Department of Agriculture
AF-044 (Rev. 9/83)

Social Security Number
___ ___ ___ - ___ ___ - ___ ___ ___ ___

OPEN
Entry Form

(In accordance with Act, 327, Public Acts 1980 as amended)

Exhibitor Number

A Separate Entry Form Is Required For Each Department

Exhibitor's Name				
Address				
City			State	
Phone Number				
Dept.	Class	Lot	Lot Description	Entry Fee
				$

Total: $_____