

MUST BE RECEIVED BY AUGUST 12, 2017

NO EXCEPTIONS

Michigan Department of Agriculture
AF-644 (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
				\$
<input type="checkbox"/> If you wish to donate premium check to the fair.				

Total: \$ _____