SOUTH DAKOTA STATE FAIR
ENTRY FORM EDUCATION EXHIBITS

*Entry form must be **complete and received by April 16, 2010**. Tags will be issued as soon as possible after receipt of entry form. If any additional information is requested, please call the South Dakota State Fair at 1-800-529-0900 or 605-353-7340. Please mail entries to 890 3rd St SW, Huron, SD 57350. Also mark each exhibit with student's name, school and address on the **BACK** of the exhibit. Thank you.*

NOTE: Exhibits will be accepted for drop off through July 7th only at the Education Building. Judging will be completed approximately 2 weeks prior to the State Fair opening date of September 2nd, 2010.

DEPT	DIVISION NO.	Lot NO.	PLEASE TYPE or PRINT LEGIBLY ENTRY DESCRIPTION	STUDENT NAME
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I HEREBY ATTEST THAT THE ENTRIES ARE IN COMPLIANCE WITH THE RULES AND REGULATIONS AS STATED IN THE STATE FAIR PREMIUM BOOK.

I hereby agree that the State of South Dakota, the South Dakota State Fair, their employees, officers, and agents shall not be liable for any loss or damage to exhibit offered for display by this entry. I further agree that I shall be bound by all rules and regulations of the South Dakota State Fair, specifically including, but not being limited to, administrative rules of South Dakota 12:02:07:03, which provides:
The Commission and Manager are not responsible for any loss or damage to, occasioned by, or arising from an animal or article on exhibition. This entry shall not be constructed and is not intended to create a bailment relationship.
Please accept the entries indicated above for exhibition at the South Dakota State Fair subject to the rules and classifications published in the Premium List by which I hereby agree to be governed; and I further declare that all statements are made in connection with said exhibit are true.

W-9 must be completed for each school before premiums will be issued	**FOR OFFICE USE ONLY**
Exhibitor or Authorized Agent	
SCHOOL NAME	**Entry Number**
SCHOOL ADDRESS	
CITY STATE ZIP	
	Posted by
SCHOOL PHONE #	**Date**
CONTACT NAME	
TEACHER	
HOME ADDRESS	
CITY STATE ZIP HOME #	

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Name of School ____________________ **Name of Teacher** ____________________ .