

Use a separate Entry Form for Each Category: Fine Arts, Floriculture, Interior Living, Today's Youth and Ag Mechanics

**Entries Close April 12, 2024**



**ALL NON-LIVESTOCK DIVISIONS ENTRY**

YOUTH

ADULT

Youth's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Entry Number Leave Blank Office Use Only!	Division Number	Class Number	Brief Description of Entry (or Title)	Entry Fee
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

The undersigned states herewith, that he/she is the recognized supervisor of the project of which the above entries are a part, that to his/her personal and actual knowledge the statements regarding the same as true, and he/she further states that he/she has read and has full understanding of the rules and regulations governing the same and agrees to be governed by them. The exhibitor is entered as:

\_\_\_\_\_

Club, Chapter, School or None

\_\_\_\_\_

Printed Name & Signature of Instructor or Leader      Phone # \_\_\_\_\_

\_\_\_\_\_

Printed Name & Signature of Parent of Guardian

The undersigned has read, understands and agrees to abide by the rules as so stated in the Exhibit Guide and the California State rules governing competition at California fairs. The Exhibitor and his agents agree to defend, indemnify and hold harmless the 36th DAA (Dixon May Fair) and the State of CA from and against any liability, claim, loss or expense (including reasonable attorney fees) arising out of any injury or damage which is caused by, arises from, or is in any way connected with participation in the program or event. The Association shall not be responsible for any accidents or losses that may occur to any of the exhibitors or exhibits at the fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or the exhibitor's property. By signing this form you agree that any photographic or video images or likeness of you can be used by the Association for promotional purposes.

\_\_\_\_\_

Printed name of registered and/or legal owner

\_\_\_\_\_

Written signature of owner or agent

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

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Total Entry Fees:**

\_\_\_\_\_

**Mail form & fees  
Dixon May Fair  
P.O. Box 459  
Dixon, CA 95620**

**Hand Delivery:  
655 S. First St.  
Dixon, CA 95620**

**Make Checks  
payable to: Dixon  
May Fair**