Exhibitor # _____ 2024 Barnesville Pumpkin Festival DECORATED AG / SCARECROW Entry Form

PLEASE PRINT CLEARLY

Last Name _____ First Name _____

Address _____

Phone # _____ Email address _____

CAT.	CLASS	ITEMS	PLACE	AWARD
			TOTAL	

WAIVER OF LIABILITY

I, _____ , understand and acknowledge the Horticulture Department of the Barnesville Pumpkin Festival will use all reasonable care to safeguard exhibits entered and while on Festival grounds but will under no circumstances be responsible for any loss or injury that may occur.

Signature _____ Date _____

DEPARTMENT USE ONLY

Award collected / donated Date/time _____ INITIALS : Exhibitor _____ Chair _____