

Exhibitor # \_\_\_\_\_

2024 Barnesville Pumpkin Festival HORTICULTURE 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 \_\_\_\_\_

<i>DEPARTMENT USE ONLY</i>	
Award collected / donated Date/time _____	INITIALS : Exhibitor _____ Chair _____