

**KENTUCKY STATE FAIR  
AUGUST 16-26, 2018  
ENTRY DEADLINE JULY 2  
GENERAL ENTRY FORM**

<i>For office use only:</i>	
Amount received	_____
IRE:	_____
Exh. Ticket	_____

**Please use a separate entry form for each exhibitor.** Make copies of this form if needed. Do not send cash: Checks, money order or credit card only. **You may enter all of the departments online at [www.kystatefair.org](http://www.kystatefair.org).** Online entries are subject to the same rules, fees and deadlines. **A credit card is required.**

**Mail to:** KENTUCKY STATE FAIR ENTRY DEPARTMENT, P.O. Box 37130, Louisville, KY 40233-7130  
Phone: (502) 367-5190; Fax: (502) 367-5198 ~ Email us at [Entry@Kyvenues.com](mailto:Entry@Kyvenues.com)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**\*NO PRIZE MONEY WILL BE AWARDED UNLESS A SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER IS PROVIDED IN BOX AT BOTTOM OF PAGE. If you do not wish to provide this information, write "refused" in the blank.**

I understand that these entries are subject to the rules governing exhibits at the Kentucky State Fair as published in the premium list of 2018 by which I hereby agree to be governed. I further declare that all statements made in connection with these entries are true. I certify that I made or produced all items listed (except for entries in Antiques).

Exhibitor's Signature \_\_\_\_\_  
(Required)

**PHOTO AUTHORIZATION:** I hereby grant permission for photographs or video images of myself, or my minor child whose name appears as entrant on this form, for general uses which may include news, agricultural publications or websites, educational uses, and state fair & expositions promotional materials and websites. I understand that my signature is voluntary, but that failure to sign may inhibit or prevent use of my image, or my child's image, in news, agricultural, educational and state fair & exposition publications and websites. Person signing must be entrant or parent/guardian if entrant is child under 18.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENTRY FEES**

<b>Adults</b> \$10.00 per department	Check here if Adult Exhibitor _____
<b>Seniors</b> \$8.00 per department (age 55 & over by August 1, 2018)	Check here if Senior Exhibitor _____
<b>Juniors</b> \$6.00 per department (anyone who has not reached their 18th birthday by August 1, 2018)	Check here if Junior Exhibitor _____
<b>Homebrew Beer</b> \$5.00 per entry	

*DO NOT SEND FEE FOR EACH ITEM OR DIVISION. ENTRY FEE IS PER DEPARTMENT, NOT ITEM. (Example: Fruitcake and Brownies are both exhibited in the Culinary Department, so one department fee is charged.)*

**LATE ENTRIES postmarked after July 2 - All exhibitors, all departments pay \$20.00 per department. All late entry forms must ARRIVE at the Fair office by July 10.**

**Exhibitor Tickets - \$27.50 per book** of eleven. Limit of two books. **For more information, see page 8 in the Premium List and General Rules book.** No one will be admitted to the grounds during the Fair without exhibitor ticket or admission fees.

**SUMMARY:  
By July 1:**

**OR LATE ENTRIES (Must arrive by July 10):**

_____ DEPARTMENTS @ \$ 10.00 = _____	_____ DEPARTMENTS @ \$20.00 = _____
_____ DEPARTMENTS @ \$ 8.00 = _____	_____ HOMEBREW BEER @ \$8.00 per entry = _____
_____ DEPARTMENTS @ \$ 6.00 = _____	
_____ HOMEBREW BEER @ \$ 5.00 per entry = _____	
_____ EXHIBITOR TICKET BOOK(S) @ \$27.50 per book (Limit 2) = _____	

**GRAND TOTAL OF FEES & TICKET BOOKS** \_\_\_\_\_

PLEASE LIST ENTRIES ON BACK OF THIS PAGE.  
USE THE DIVISION AND CLASS NUMBERS IN THE PREMIUM LIST AND GENERAL RULES BOOK.

Exhibitor's Email Address _____	Exhibitor's Social Security or Federal Tax Identification Number _____ (Required For Payment Purposes)*
<b>*NO PRIZE MONEY WILL BE AWARDED UNLESS A SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER IS PROVIDED If you do not wish to provide this information, write "refused" in the blank.</b>	
( ) VISA	
( ) MasterCard	Card Holder Name _____ Phone Number _____
( ) American Express	Card Number _____ Expiration Date _____
( ) Discovery	Billing Address _____ Card Holder CVV# _____ (3 digit number on back of card)
<b>TOTAL</b> _____	City _____ St _____ Zip _____
Email Address (for receipt confirmation) _____	

**A service charge of \$25.00 will be assessed on all returned checks and declined credit or debit cards.**

