Exhibitor Name: _____

Address: _____

City: _____ State____ Zip: _____

County in Nebraska: _____

E-mail address: _____

Primary phone: _____

Alternate phone: _____

Birth date (if required): _____

USPS (letters/parcels): Nebraska State Fair
PO Box 1387
Grand Island, NE 68802

FedEx/UPS shipments: Nebraska State Fair
501 E Fonner Park Rd, Ste 200
Grand Island, NE 68801

Nebraska State Fair

August 23 thru September 2, 2019

BEE CULTURE – ONLY

A separate entry form is required for each department.

	Delivery	Return
Grand Island (in person)	_____	_____
Mail by UPSPS	_____	_____
Deliver service by UPS	_____	_____
Deliver service by FedEx	_____	_____

Return by mail or delivery services must be prepaid.
See **Shipping Options** document for details.

See www.statefair.org for entry book, entry dates, delivery dates, and general gate admission prices.

Exhibitor Tickets: Discount admission tickets are available at a cost of $5.00 per person per day only to exhibitors if purchased on the entry form. No additional exhibitor tickets may be purchased after the entry form has been submitted. A maximum of 5 tickets per household for the sole use of the household are allowed. Orders in excess of 5 tickets will not be provided. There will be no refunds for excess tickets ordered or for unused tickets.

Note that this year, general daily gate admission for seniors (60+) is $5 for any day of the fair and $6 for adults (13-59) on days Mon-Thu, Aug 26-29. Check the State Fair website for additional deals and discounts or call NSF office, 308-382-1620.

Payments:
Exhibitor Tickets (max of **5** per household)
_____ @ $5.00 = _____
No entry fees.

I am submitting the entries listed below subject to the rules as printed in the current Nebraska State Fair department entry book. I agree to abide by these rules and I declare all my statements regarding entries to be true.

Exhibitor Signature _____

Division#	Class#	brief description sufficient to locate entry by sight	Division#	Class#	brief description sufficient to locate entry by sight
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____
#_____	#_____	Item _____	#_____	#_____	Item _____