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



## **PRE-REGISTRATION FORM**

In order for you to receive payment for your premium, address must be filled out completely. Please print • Use ball point pen or ink only • One exhibitor per form • One department per form No changes or additions allowed

Name:	
Address:	
	_State & Zip:
Phone: ( )	
Email:	
Date of Birth (required if youth):	
Date of Entry:	

## **Department #:**

Class #	Lot	<b>Description</b> (as listed in the premium book)	Prize Award	Premium Paid

Please see website (www.brooklynfair.org) for mailing instructions.

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(All programs, schedules and times are subject to change.)



## (Continuation Page)

Department #:

Class #	Lot	<b>Description</b> (as listed in the premium book)	Prize Award	Premium Paid