

ATCHISON COUNTY FAIR BBQ COOK OFF ENTRY FORM

(Please return this form with your entry fee)

Name: _____

Phone: _____

Address: _____

Email: _____

Classes: Beef Pork Chicken Ribs Potatoes Dessert
(Circle all classes that you wish to enter)

\$25.00 entry fee per class. Amount: _____

Please return entry form to one of the individuals below by 6 P.M. Thursday of Fair.

Keith Taliaferro
6297 Decatur Rd
Effingham, Ks. 66023

Open Class Livestock Entry Blank

Date: _____
Please accept the entries below, subject to the rules and classifications as published in the premium list of the Atchison County Fair Association by which I hereby agree to comply. All statements made in connection with said entries are true.

Class # _____ Dept _____ Reg. # _____

Name of animal _____

Date of Birth _____ Breed _____ Sex _____

Class # _____ Dept _____ Reg. # _____

Name of animal _____

Date of Birth _____ Breed _____ Sex _____

Class # _____ Dept _____ Reg. # _____

Name of animal _____

Date of Birth _____ Breed _____ Sex _____

Class # _____ Dept _____ Reg. # _____

Name of animal _____

Date of Birth _____ Breed _____ Sex _____

Stall and pen rental fee must accompany entries. Entries must be in hands of department superintendent by Friday preceding the fair. Use separate entry blanks for each department and each exhibitor.

Exhibitor Name: _____

Address: _____

(Photocopy if needed.)



731 Commercial; Atchison, KS 66002
(913)367-1037 www.theartistboxllc.com
ronda@theartistboxllc.com

CONGRATULATIONS & BEST OF LUCK TO ALL PARTICIPANTS!!



ATCHISON DENTAL ASSOCIATES

www.atchisondental.com

913-367-0212



WE PUT OUR HEART IN YOUR SMILE

