



2024 SUNSHINE SHOW ENTRY FORM

SHOW DATE: FRIDAY, APRIL 12
AWARDS PRESENTATION: MONDAY, APRIL 15

*EXHIBITOR NAME: _____ AGE: _____ DATE OF BIRTH: _____

*PARENT/GUARDIAN CELL PHONE NUMBER: _____

*EXHIBITOR ADDRESS: _____ *CITY: _____, TX *ZIP: _____

I declare that I am a resident of Montgomery County, Texas. I personally made the entry/entries listed below in compliance with the rules and regulations of the Montgomery County Fair Association.

*PARTICIPANT SIGNATURE

*REPRESENTATIVE'S SIGNATURE

*REPRESENTATIVE NAME: _____ *CELL PHONE NUMBER: _____

*REPRESENTATIVE EMAIL: _____

*SCHOOL: _____ *DISTRICT: _____

*GROUP/ORGANIZATION NAME: _____

CHECK DIVISION THAT YOU WILL PARTICIPATE IN BASED ON YOUR AGE ON THE DAY OF SHOW.

___ DIVISION I: AGES 5-14 ___ DIVISION II: AGES 15-21 ___ DIVISION III: AGES 22

DEPARTMENT

ITEM DESCRIPTION (specify if made by kit or handmade)

ADDITIONAL ENTRIES MAY BE LISTED ON ADDITIONAL PAGES; ONE EXHIBITOR PER FORM ONLY

****EMAIL ENTRY FORM TO INFO@MCFA.ORG. YOU WILL RECEIVE AN EMAIL CONFIRMATION WITHIN 24 HOURS OF SUBMISSION. IF YOU DO NOT, PLEASE CALL THE FAIR OFFICE TO CONFIRM ENTRIES WERE RECEIVED AT 936-760-3631****

***PARENT/GUARDIAN PERMISSION**

I give my permission for _____ (Participants Name) to be photographed and identified as a special education student if he/she is declared a Winner in the Sunshine Day Show at the Montgomery County Fair. I understand and agree that the fee for the pictures for exhibitor and sponsor will be taken from prize money.

I will take complete responsibility for the attendance of _____ (Participants Name) at the Awards Presentation if he/she is declared a winner. If he/she is declared a winner in the Baked Goods Section, I understand that a fresh item must be brought to the Awards Presentation.