

POSTAL ENTRY REPORT

Year: _____

COUNTY: _____

RETURN ADDRESS: *As soon as entries are removed, State Fair will put this address on the box for return.*

	For use by State 4-H Fair Office	
	BOX INVENTORY	
	NUMBER:	
	<i>(Insert Sample)</i>	
	<i>(Circle One)</i>	
	CHECK	CASH STAMPS
	Check Number:	Amount Received, or Value of Stamps:

	EXHIBITOR NAME	DESCRIPTION OF EXHIBIT	CLAIM NO.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

(Circle One)

Continued on back: **YES** **NO**

PAGE 2

	EXHIBITOR NAME	DESCRIPTION OF EXHIBIT	CLAIM NO.
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			

For State 4-H Fair Office Use:

COUNTY or LAST NAME	
BOX INVENTORY NUMBER:	