Exhibitor Name: Last _____ First _____
(Please Print all information Legible)
Home Address: _____

City_____ Zip _____ Telephone ( ) _____

S. S. Number _____-_____-_____ Age _____ Birth Date _____ Grade Level _____

Exhibitor Signature _____ Date _____

Parent Signature_____ Print Name_____

ENTRY FORM FOR ALL ENTRIES

NATIONAL ORANGE SHOW

Make Checks Payable and mail to:
National Orange Show
689 So. "E" Street
San Bernardino, CA 92408
Attn: Exhibit Department

DIVISION	CLASS	DISCRIPTATION OF ENTRY	ENTRY FEE

Total Fees Exhibitor # _____

JUNIOR - SCHOOL, CLUB, or CHAPTER ENTRIES ONLY

School, Club or Chapter Name:_____ Phone: ( )_____

Address:_____

City: _____Zip: _____ Phone: ( )_____

Instructor, Leader Signature_____ Print Name_____

Submission of entry to this competition implies acceptance of all rules and conditions as stated in the Competition Handbook

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