

FAIR CLASS WINNERS ELIGIBLE TO GO TO OAAS DISTRICT# _____ COMPETITION**Hand-Quilted Quilt**

Exhibitor #: _____

Exhibitor Name: _____

Address: _____

Telephone: _____

Email: _____

Pattern Name: _____

Designer Name: _____

Machine-Quilted Quilt

Exhibitor #: _____

Exhibitor Name: _____

Address: _____

Telephone: _____

Email: _____

Pattern Name: _____

Designer Name: _____

Pattern designer name is required if quilt is not an original or traditional pattern**Butter Tarts**

Exhibitor #: _____

Exhibitor Name: _____

Address: _____

Telephone: _____

Email: _____

Youth Chocolate Chip Cookie

Exhibitor #: _____

Exhibitor Name: _____

Address: _____

Telephone: _____

Email: _____

Honey

Exhibitor #: _____

Exhibitor Name: _____

Address: _____

Telephone: _____

Email: _____

Maple Syrup

Exhibitor #: _____

Exhibitor Name: _____

Address: _____

Telephone: _____

Email: _____

AGRICULTURAL SOCIETY INFORMATION

Fair Name: _____

Fair Date: _____

Submitted by: _____

Telephone: _____

Email: _____

INSTRUCTIONS:

- 1) Input information from eligible entries and submit form to District immediately following your fair
- 2) Provide eligible exhibitors with the District Contact name and phone/email address and District Competition date, time and location.

Thanks for your assistance.

IMPORTANT: to be completed immediately following judging. Please keep a copy and send a copy to your District.