TEACHER / ADMINISTRATOR ENTRY FORM

Please Print

Last Name of Teacher/Facilator First Name of Teacher/Facilator

Name of School / Facility

Address

City State Zip Phone Number

email address

Referred by

Mail or bring to:
1201 W. 10th St.
Antioch Ca 94509
(925)757-4400
(925)757-9514 Fax
khowe@ccfair.org

Leave Blank	Division Number	Class Number	Name of Student	Item Description

PLEASE MAKE A COPY FOR YOUR RECORDS AND BRING IT TO DROP OFF AND PICK UP

All entries are accepted with the understanding that neither the Contra Costa Fair, State of California, or their officers shall be held responsible for any loss or damage that shall arise to all animals, products, or equipment on exhibit. All persons, exhibitors and participants exhibiting in or participating in Fair sponsored activities shall be solely responsible for any loss or damage done to another, or occasioned by or arising from any animal or article exhibited by him/her and will indemnify the Contra Costa County Fair, its officers, agents and employees harmless from any and all claims, liabilities, losses, costs, damages and attorneys' fees arising out of the willful acts or omissions of the officers, agents or employees of the Contra Costa County Fair and the State of California.

Teacher's / Administrator's Signature: _____