

Schoharie County Sunshine Fair Payment Summary Form

Departments 13, 14, 15, 16

Exhibitor's Name _____

Phone _____ Email _____

Cobleskill Agricultural Society Admission Policy for Fair Exhibitors

1. Submit one Sunshine Fair Payment Summary Form summarizing your entries in Departments 13, 14, 15, 16.
2. All entry forms should be postmarked by July 6th. Payments and entry forms should be mailed to Cobleskill Agricultural Society, PO Box 249, Cobleskill, NY 12043.
3. In accordance with the bylaws of the Cobleskill Agricultural Society, Schoharie County resident exhibitors 18 years of age or older have the option to purchase a \$60 6-Day Voting Membership Pass in lieu of the \$10 - 6-Day Exhibitor Pass. Wherever a \$10 - 6-Day Exhibitor Pass is specified, it shall also be understood to read a \$5 6-Day Youth Exhibitor Pass if the exhibitor is 17 years or under.
4. **In order to qualify for the purchase of a 6-day exhibitor pass, exhibitors must make a minimum of 3 entries in one or more of Departments 13, 14, 15, 16 where an exhibitor fee is required and bring entry items for judging when and where rules indicate.**
5. One exhibitor pass allowed per exhibitor across the fair.
6. All Entry Fees will be computed and paid on this form. Entries will be made on the appropriate entry form.
7. No tickets will be mailed. All tickets will be distributed by the Department Superintendents upon receipt (placement) of entry items.
8. Submission of an entry implies the exhibitor has read and agrees to the Fair's General Rules and Regulations and the Department's Rules and Regulation.
9. **NOTE: 4-H may only enter in one County Fair.** They are still allowed to enter in open.
10. All fees must be remitted with entry.

<i>Total of all entry fees (from entry sheets)</i>	\$
<i>Dept 14 Section 12 Scarecrow Fee \$5 per entry</i>	+
TOTAL OF ENTRY FEES	<i>Put this number below this is your premium payment</i>

Choose 1 ticket type (optional):

Adult exhibitor \$10	
Youth exhibitor \$5 (must be 17 or under)	
Season pass \$60 (voting member, 18 and over)	

TOTAL ENTRY FEES FROM ABOVE	
TICKET PRICE CHOSEN	
TOTAL FEES TO BE PAID	

NOTE: ALL ENTRY TAGS WILL BE MAILED

For Office Use Only

Exhibitor # _____

Date _____

Ticket in Department _____