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**:*(Insert Sample)* |  |
|  |
|  | *(Circle One)* |  |
| **CHECK** | **CASH** | **STAMPS** |
|  | **Check Number:** | **Amount Received, or Value of Stamps:** |
|  |  |  |
| **EXHIBITOR NAME** | **DESCRIPTION OF EXHIBIT** | **CLAIM NO.** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
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| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
|  | *Continued on back:* | *(Circle One)*YES NO |

|  |  |  |
| --- | --- | --- |
| PAGE 2 |  |  |
| **EXHIBITOR NAME** | **DESCRIPTION OF EXHIBIT** | **CLAIM NO.** |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |
| 20 |  |  |  |
| 21 |  |  |  |
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| 33 |  |  |  |

**For State 4-H Fair Office Use:**

|  |  |
| --- | --- |
| **COUNTY****or****LAST NAME** |  |
| **BOX INVENTORY NUMBER:** |  |