



SCHOOL REGISTRATION FORM

Special rate is offered to school groups entering the grounds Mon-Friday,
Before 10am and exiting no later than 1:30pm.

Teacher Name _____ School Name _____

School address _____

City/State/Zip _____

School phone _____ School E-mail _____

Grade level _____

Number of students above 5th grade _____ @ \$5.00 = _____

Number of Teachers/Chaperones _____ added Chaperones @ \$5.00 _____
(4 Students/ 1 Teacher ratio) (Must be pre-registered for this rate)

Total number in Group _____

Home Schools must be a part of a governing Home School Association, and come as an organized group of 15 or more.

Date to attend: Mon.10/5__Tues.10/6__Wed.10/7__Thurs.10/8__Fri.10/9__

PLEASE RETURN THIS FORM TO THE EDUCATION OFFICE BY 9/18/09

Due to the many activities at the Fairgrounds we must adhere to this date, registrations WILL NOT be accepted after this time.

Fax 978-887-3016 patti@topsfair.org

Essex Agricultural Society

P.O. Box 134

Topsfield, MA 01983

