4-H ENTRY FORM

GENERAL ENTRIES

Name_____ Date of Birth_____ Exhibitor #_____

Email_____

Street_____ Tel. No_____ Age as of January 1, 2024_____

Town_____ State_____ Zip_____ D.O.B._____

4-H Club_____ Leader's Signature_____

☐ **I wish to be considered for Sweepstakes (Check for YES)**

Send entries to: **Diane Krafton**
2 Krafton Way
Andover, MA 01810
diane@topsfieldfair.org

Entry Due: Online/Mail/Email - **Friday, August 23rd, 2024**

USE THIS FORM FOR SECTIONS:

H- CLOTHING J- CANNING K- CREATIVE ARTS L- HANDICRAFTS M- FIBER ART
N- HOME ENVIRONMENT O- STEM P- 4-H CLUB EXHIBITS, PRESENTATIONS
Q- CONSERVATION R- PHOTOGRAPHY S- WOODWORKING/METALWORKING

CLASS	LOT	DESCRIPTION

4-H ENTRY FORM

HORTICULTURE/FOODS

Name_____ Date of Birth_____ Exhibitor #_____

Email_____

Street_____ Tel. No_____ Age as of January 1, 2024_____

Town_____ State_____ Zip_____ D.O.B._____

4-H Club_____ Leader's Signature_____

☐ **I wish to be considered for Sweepstakes (Check for YES)**

Send entries to: **Diane Krafton**
2 Krafton Way
Andover, MA 01810
diane@topsfieldfair.org

Entry Due: Online/Mail/Email - Friday, August 23rd, 2024

USE THIS FORM FOR SECTIONS:

A- 4-H FLOWERS **B- HOUSEPLANTS** **C- VEGETABLES**
D- COLLECTIONS/DISPLAYS **F- CHALLENGES** **I- FOODS**

CLASS	LOT	DESCRIPTION

4-H ENTRY FORM

CLOVERBUD-GENERAL ENTRIES

Name_____ Date of Birth_____ Exhibitor #_____

Email_____

Street_____ Tel. No_____ Age as of January 1, 2024_____

Town_____ State_____ Zip_____ D.O.B._____

4-H Club_____ Leader's Signature_____

ALL CLOVERBUD PREMIUMS are $3.00

Send entries to: **Diane Krafton**
2 Krafton Way
Andover, MA 01810
diane@topsfieldfair.org

Entry Due: Online/Mail/Email - Friday, August 23rd, 2024

USE THIS FORM FOR CLOVERBUD ENTRIES IN SECTIONS:

H- CLOTHING J- CANNING K- CREATIVE ARTS L- HANDICRAFTS M- FIBER ART
N- HOME ENVIRONMENT O- STEM P- 4-H CLUB EXHIBITS, PRESENTATIONS
Q- CONSERVATION R- PHOTOGRAPHY S- WOODWORKING/METALWORKING

CLASS	LOT	DESCRIPTION

4-H ENTRY FORM

CLOVERBUD-HORTICULTURE/FOODS ENTRIES

Name_____ Date of Birth_____ Exhibitor #_____

Email:_____

Street_____ Tel. No_____ Age as of January 1, 2024_____

Town_____ State_____ Zip_____ D.O.B._____

4-H Club_____ Leader's Signature_____

ALL CLOVERBUD PREMIUMS are $3.00

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2 Krafton Way
Andover, MA 01810
diane@topsfieldfair.org

Entry Due: Online/Mail/Email - Friday, August 23rd, 2024

USE THIS FORM FOR CLOVERBUD ENTRIES IN SECTIONS:

A- 4-H FLOWERS **B- HOUSEPLANTS** **C- VEGETABLES**
D- COLLECTIONS/DISPLAYS **F- CHALLENGES** **I- FOODS**

CLASS	LOT	DESCRIPTION