FOODS DEPARTMENT ENTRY FORM

☐ Topsfield Fair Weekend Food Contest

☐ Topsfield Fair Fall Harvest Baked Sweet Treat Contest

☐ King Arthur Baking Company Contest - Favorite Scones

☐ Topsfield Fair Apple Pie Contest

☐ Parent & Child Cookie Celebration Contest - America's 250th Birthday Cookie

PLEASE PRINT OR PLACE LABEL HERE: (One Category per form. Please copy form as needed.)

Name_____Date of Birth_____

Street_____ Tel. No._____

Town_____ State_____ Zip_____

E-Mail Address_____ Exhibitor No. (If Known)_____

CLASS	LOT NUMBER	DESCRIPTION

• Please feel free to make copies of this form •

Mail entries to: Topsfield Fair, P.O. Box 134, Topsfield, MA 01983

SEE INDIVIDUAL DEPARTMENT RULES FOR ENTRY DATES