**HOMEMADE WINE ENTRY FORM**

PLEASE TYPE OR PRINT

**EL DORADO COUNTY FAIR 530-621-5860**

100 Placerville Drive, Placerville, CA 95667

Exhibitor's Name

Phone *(including area code)*

Email

Mailing Address City ZIP

Were you entered in Fair last year? YES ☐ NO ☐ Check here if your address has changed ☐

| Division No. | Class No. | Vintage | Varietal | Label Name | Vineyard | Entry Fees | Fair use only Entry No. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

RELEASE AND WAIVER OF LIABILITY: Please accept the entries (property) described herein. I have read, understand and agree to abide by all the rules and regulations governing the Fair entries as published in the official Entry Guide. I agree to indemnify, defend and hold harmless the El Dorado County Fair and the State of California, their officers, agents and employees from any and all claims and losses accruing or resulting to any and all persons in connection with my participation in the Fair and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged as a result of my participation.
I certify that I have read the statement listed above.

Total Entry Fees $ _____

**TOTAL PAID $ _____**

Signature of Owner/Agent Date

*Fair Use Only*

**Date** _____ / _____ / _____ **Payment Type (circle)** Cash Check Card Online **Receipt No.** _____ **Initials** _____