



CHESTERFIELD COUNTY FAIR ASSOC.

Corner of Courthouse Road and Krause Road

Chesterfield, VA

"Remember When ... "

ANNUAL PROGRAM COVER CONTEST ENTRY FORM

Name: _____
(Last, First, Middle Initial)

Address: _____

(Street, City, State, Zip Code)

Parent's Names: _____

Parent's Address if different from above: _____

Phone Number: _____ Additional Phone Number: _____

E-mail Address: _____

Chesterfield County School you attend: _____

Age: _____ Grade: _____ Teacher submission given to: _____

I affirm that this entry is my original creative work. I agree to abide by the rules set forth by the Chesterfield County Fair Association as a participant in the Annual Program Cover Contest. I grant the Chesterfield County Fair Association permission to use my work in the ways deemed appropriate, such as in reproducing it onto calendars, cards, publications, T-Shirts, web site, annual program cover and any other communication vehicles, for their sole purpose. The Chesterfield County Fair Association may continue to use my work as long as it deems necessary. If I am selected winner, first place or second place runner up, I give up sole rights to the Chesterfield County Fair Association to have my name, parent's names, city, and the school in which I attend, published in the Annual Premium List and on their official web site.

Signed: _____ Date: _____

Witness: _____ Date: _____