



**CHESTERFIELD COUNTY FAIR ASSOCIATION
ANNUAL PROGRAM COVER CONTEST ENTRY FORM**

Name: _____
(Last, First, Middle Initial)

Address: _____

(Street, City State Zip Code)

Phone Number: _____ Additional phone number: _____

E-mail address: _____
(Optional)

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 ways deemed appropriate such as reproducing it onto calendars, cards, publications, other communication vehicles, web site, and the annual program cover. The Chesterfield County Fair Association may continue to use my work as long as it deems necessary. If I am selected as the winner, or first or second place runner-up, I agree to have a photo of me placed in the annual program listing only my name, age, grade, and school I attend.

Signed: _____ Date: _____

Witness: _____ Date: _____
(Parent or legal guardian)