MASTER LIST - DEPARTMENT 24 FAMILY LIVING

USE THIS FORM FOR INSIDE THE BOX TO KEEP TRACK OF ITEMS

CONTENTS:

4-H	Open	Youth		4-H	Open	Youth	
( )	( )	( )	Canned Goods	( )	( )	( )	Clothing
( )	( )	( )	Baked Goods	( )	( )	( )	Crafts
( )	( )	( )	Opportunities	( )	( )	( )	Poster
( )	( )	( )	Hobbies	( )	( )	( )	Quilting

COUNTY: _____

NAME: _____ Email: _____
(If individual)

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PICK UP PERSON: _____ COMMITTEE ASSIGNMENT: _____

Entry #	Class #	Class Description	Exhibitor's Name	Street Address	City	Zip

Entry #	Class #	Class Description	Exhibitor's Name	Street Address	City	Zip