Official Entry Form for the Amateur Talent Contest
Clay County Fair
Barnesville, Minnesota

Name:			**Age/s:**
Address:			**Home Phone:**
City:	**State:**	**Zip:**	**Cell Phone:**
County of Residence:			
Description of Act:			
If Group, Name of Group:			**Number in Group:**
Group Member Names: **1.**			
2.			
3.			
4.			
5.			
6.			
Have you EVER performed the above talent as a professional on a regular employment basis? (Circle One) Yes No			
If Yes, Please explain:			
Please share something about yourself which will be used as part of you act introduction (hobbies, interests, goals, etc):			
Please check the division you are competing in: ☐ **Preteen Division (Age 12 and under)** ☐ **Teen Division (Age 13 – 18)** ☐ **Open Division (Any Age)**			
I hereby acknowledge that I have read the information and agree to abide by the entry rules and that the personal information as set forth is true and correct.			
X_____ **Signature of Contestant, Group Leader, or Guardian if Contestant is a minor**			
Submit registration by email to info@mnclaycountyfair.com or mail to: Clay County Fair, P.O. Box 376, Barnesville, MN 56514			