



MUST BE COMPLETED IN FULL OR WILL BE RETURNED

Western Michigan Fair Registration

Exhibitor Number _____

Name: _____ Birthdate: _____

Address: _____ Age (on 1/1) _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Club: _____

Parent/Guardian: _____

Please indicate the number of pens or stalls needed:

Horse # _____ Rabbit # _____ Poultry # _____ Goat # _____ Dairy # _____ Swine # _____ Sheep # _____ Beef # _____

Department #	Section #	Class #	Class Description

Registration forms must be received by the second Wednesday in July.
 Registration forms may be emailed to: wmfaregistration@masoncountyfairgrounds.com or delivered to the Fair Office located across from the Midway Café, on the fairgrounds.

If interested in a 2020 membership, please send \$10.00 with this form.