2018 Cheshire Fair Exhibitor Camping & Passes
Gate 3 Only
247 Monadnock Highway, Swanzey NH 03446

4-H Exhibitors will receive Free wristbands or pass!
Forms due by July 3, 2018 - Late forms will be charged $10

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Campers – water/electricity 20 Amp – includes (2) Free Adult Wristbands</td>
<td>X $100.00</td>
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<tr>
<td>Tent – includes (2) Free Adult Wristbands</td>
<td>X $50.00</td>
</tr>
<tr>
<td>Camper per night</td>
<td>X $25.00</td>
</tr>
<tr>
<td>Tent per night</td>
<td>X $12.50</td>
</tr>
<tr>
<td>Adult One Day Pass</td>
<td>X $8.00</td>
</tr>
<tr>
<td>Adult Four Day Wristband</td>
<td>X $20.00</td>
</tr>
<tr>
<td>Children’s One Day Pass (5-11)</td>
<td>X $3.00</td>
</tr>
<tr>
<td>Children’s Four Day Wristband (5-11)</td>
<td>X $12.00</td>
</tr>
<tr>
<td>Vehicle Pass (Limit two per family)</td>
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</table>

TOTAL $ ________

Name________________________________________ Telephone#__________________

Farm Name: ___________________________________________ Email:____________________

Mailing Address: ________________________________________________

City/State/Zip ____________________________________________

4-H Exhibitor Name (s) ______ Age ______ 4H Club Name ______

(add required information below to receive free wristbands)

__________________________________________________________

__________________________

Need Transporter Vehicle Pass  Yes ☐  No ☐

All vehicles and trailers must park in upper lot (behind draft horse barn). No lower lot parking.

Day of Arrival  * Required (please circle one) Tues  Wed  Thurs  Fri  Sat  Sun

Circle One:  Beef  Dairy  Sheep  Goats  Poultry  Rabbit  Working Steer  Llamas/Alpacas

Camper Information:  Make_____________________________ Model_____________________________

License plate #/state__________________________________ Tent ☐

* I, (We) have read the 2018 Fire Safety Regulation Policy and understand and agree to all the terms.

_________________________________________________________

Signature Parent/ Guardian

Date: ____________________________

Incomplete forms will not be processed. Please be sure to include a self-addressed stamped envelope with a check payable to Cheshire Fair Association 247 Monadnock Highway Swanzey NH 03446

*Returned checks for insufficient funds are subjected to a $35.00 returned fee. Any premiums will be held until check/fees are paid in full. Cheshire Fair Association is not responsible for loss, damaged, or stolen passes or wristbands

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OFFICE USE ONLY:  Check #_________________ Amount$____________________

Bank: ____________________________________________________________ Date Received__________________