



Office use: Date ____/____/____ Entry# _____

Paid \$_____ Cash Check CC

Extra Wristbands (limit 7) _____ W-9 Form

COMBINE DERBY ENTRY FORM

Lorain County Fair

23000 Fairgrounds Road, Wellington, OH 44090 | Phone: 440-647-2781 | Fax: 440-647-4544

Email: info@loraincountyfair.com | Web: www.loraincountyfair.com

Driver Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Email _____

Combine Information

Year _____ Make _____ Model _____

Combine # _____ | T-Shirt Size _____

Sponsors

I HAVE READ ALL REGULATIONS AND RULES OF THE COMPETITION AND ACTIVITY AND AGREE TO FOLLOW ALL RULES OR FORFEIT MY APPLICATION. THERE ARE NO REFUNDS. In consideration of the use of the property of the Lorain County Agricultural Society, the undersigned and those under his/her leadership covenant and agree to save said Society harmless from any and all claims of every type, character, and description pertaining to or growing out of the usage of said premises, and they further agree that they will use the same in a lawful manner and that they will make every effort to conduct their business and activity upon said premises in such a manner as to avoid injury or damage to the public or property of said Society.

ALL DRIVERS UNDER AGE 18 MUST HAVE PARENT/GUARDIAN APPROVAL

Signature _____ Date _____

Parent/Guardian _____ Date _____

A completed W-9 form MUST accompany this form
Forms available at the Fair Board office