

Entry Deadline Date: Friday, October 11, 2025

Please Print Exhibitor Name: _____ Address: _____ City: _____ State _____ Zip _____ SSN _____ Phone: (____) _____ Email: _____	A SEPARATE ENTRY FORM must be submitted for each exhibitor. Mail Completed Form to: DeKalb County VFW Fair P.O. Box 680776 Fort Payne, AL 35968
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Exhibitor's Signature _____ Date _____

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