

OHIO ANTIQUE/COLLECTIBLE FAIR APPRAISAL EXHIBITOR FORM

For Office Use Only – Exhibitor No.:

Are you currently entered in any other Family Arts & Crafts divisions (30-37)?
 Did you enter Family Arts & Crafts last year?
 Did you enter Family Arts & Crafts prior to last year?
 Has your address changed within the past year?
 Has your name changed within the past year?

Yes	or	No
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

All entries must bear postage stamps and have a legible cancellation date. Metered entries will NOT be accepted.

Name: _____

Street or R.F.D.: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Tele.: _____ - _____ - _____ Office: _____ - _____ - _____ Cell: _____ - _____ - _____

Email: _____

All entries must be made in the name of the bona fide owner, and you must be an Ohio resident – NO EXCEPTIONS. Mail entry form to:

Ohio State Fair
 Family Arts & Crafts Department
 717 E. 17th Avenue
 Columbus, OH 43211-2657

The undersigned hereby agrees to be bound by the Rules and Regulations of the Family Arts & Crafts Department, and further agrees to be bound by the decision of the Ohio Expositions Commission in case of any dispute arising from the interpretation or application thereof. I certify that the number shown on this form is my correct taxpayer identification number. Photographs taken of me, or of anyone over whom I am legal guardian, become the sole property of the Ohio Expositions Commission. Such photographs may be used at the Commission’s discretion without compensation to or prior approval from me.

Section No.	Photo Enclosed Yes or No	Provenance Available Yes or No	Brief Description of Item (if more space is needed, use a separate sheet)

If appraiser is unable to quote a value for an entered item, a refund will be issued after the Fair.

Make checks payable to the Ohio Expositions Commission. All fees MUST accompany this official exhibitor form.

Required Appraisal Fee:		Total
Number of items x \$5.00 each		
6-Day Multiple Punch Ticket:	\$27 ea.	
Full Fair Ticket:	\$45 ea.	
Single Day Ticket:	\$ 5 ea.	
6-Day (\$40) or 12-Day (\$75) Parking Permit		

CHECK NUMBER: _____ **Total: \$** _____

 Exhibitor’s Signature

 Date