

2024 California State Fair Competitive Programs Shipping Form

Please include this form in **every** shipping container.

Office U	Jse Only
Во	x #

□Photo B7 □SS B3 □CFA B7 □CC B3 □CK BA/B □

Exhibitor Name:								
Number of Entries E	Enclosed:	Phone Number:			Email:			
Return Entries to (n	ame of recipien	t)						
Return Address (ph	ysical address (only, cannot ship	o to P.O. I	Box Numbe	ers)	1	Apt/Unit #	
City	ity			State			Zip Code	
Enclosed, plea	se find the	following:	attach ad	dditional pa	ages if	necessary	у	
Division Class	Title			Name of Ex	khibitor/l	Entrant	Office Use Only Entry #	
Shipping Optic	ons choose or	ne					I	
Please use the	enclosed pre-p USPS no stamp	aid shipping formus will be accept						
	•	ccount for shipp	ing fees.	Will be shi	pped v	∕ia FedEx		
Acc	ount #:							
	•	to me. I will pic	•	•		oisposal D	eadlines)	
Insurance Op								
		an additional cha atries. <i>no additi</i> o	-		sed ite	ems:		

DISCLAIMER: The California State Fair and its officers shall not be responsible for accidents or losses that may occur to any of the projects at the State Fair, or during shipping, and the exhibitors shall hold the State Fair and its officers harmless and indemnify them against any legal proceedings arising from such accident or loss. The State Fair reserves the right to send entries to exhibitor COD where no other information is available or if information given is invalid.

Office Use Only					
Re-Packed					
Initial					
Date					