

4-H Art Exhibit Release Form for Rock Springs 4-H Center

My work may be selected for Kansas 4-H Foundation use. Yes _____ No _____

4-H'ers name _____ Age _____

Address _____ Telephone _____

City/State/Zip _____ County/District _____

Club Name _____

Art description _____

Art Medium: _____

Dollar value for insurance coverage \$ _____ (An amount must be listed.)

Exhibitor's signature _____

**PLEASE TAPE THIS FORM TO ENTRY TAG WITH YOUR ART TO BE
EXHIBITED AT THE STATE FAIR!**

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