

BAKING SWEEPSTAKE COMPETITION

ENTRY FORM DEADLINE: 5:00 PM, December 15, 2011

No Entry Fee for Adult or Youth

SPECIAL RULES

1. Best of Show winners from previous years may participate in this competition.
2. Competition will take place in the Florida Center. Entered items will be accepted from 9:00 a.m. until 11:00 a.m. Friday, February 10, 2012.
3. **Exhibitors with Baking Sweepstakes items to deliver please Call 1-800-345-3247 (ext. 309) or 813-621-7821 (ext 4309) to request tickets for delivery .**
4. Judging will begin at 11:30 a.m. Award ceremony will commence immediately following completion of the judging.

PREMIUMS: \$60.00, \$30.00, \$20.00, Best of Show \$120.00

All winners receive Rosettes.

ADULT and YOUTH COMBINED DIVISION 107C

Class Description

1. Bread (*must submit half loaf*)
2. Cake (*must submit half cake*)
3. Pie (*must submit half pie*)
4. Cookies (*must submit 4 cookies*)
5. Candy (*must submit 4 pieces*)
6. Low Calorie or Sugar Free
7. Other not listed

Please use this entry form for the following competition:

Baking Sweepstakes Competition Only (2012)

Entry Form Deadline: December 15, 2011. Failure to complete any portion of entry form may result in disqualification

**FLORIDA STATE
FAIR 2012**

PLEASE PRINT

CHECK IF NEW ADDRESS

LAST NAME _____ FIRST NAME _____ Organization _____

MAILING ADDRESS _____ COUNTY _____

CITY _____, FLORIDA, ZIP CODE _____ PHONE () _____ - _____

EMAIL ADDRESS: _____ Social Security: # _____

Exhibitor Number

**Mail form to:
Family Living Competition
Florida State Fair
PO Box 11766
Tampa, Fl 33680**

Mandatory Disclosure of Social Security Number (SSN) or Taxpayer Identification Number (TIN) - Federal Tax regulation requires the Florida State Fair Authority (FSFA) to obtain SSN or TIN from every person to whom compensation is paid. SSN or TIN are maintained and used by FSFA for the processing of payments due, and are reported to Federal and State agencies on forms required by law. FSFA will not disclose any SSN or TIN without your consent to anyone outside FSFA except as mandated by law. Failure to provide a SSN or TIN will result in denial of compensation.

| # | DIVISION # | CLASS # | ENTERED ITEM DESCRIPTION | # | DIVISION # | CLASS # | ENTERED ITEM DESCRIPTION |
|----|------------|---------|--------------------------|----|------------|---------|--------------------------|
| 1 | | | | 11 | | | |
| 2 | | | | 12 | | | |
| 3 | | | | 13 | | | |
| 4 | | | | 14 | | | |
| 5 | | | | 15 | | | |
| 6 | | | | 16 | | | |
| 7 | | | | 17 | | | |
| 8 | | | | 18 | | | |
| 9 | | | | 19 | | | |
| 10 | | | | 20 | | | |

Claims Checks will be provided at time of acceptance.

I hereby agree to abide by all Rules and Regulations of the Florida State Fair

Exhibitor Signature _____

Please indicate AGE GROUP

Seniors (60 +) _____ Adults (18-59) _____

Youth (Must be student)

Y1 (ages 6-9) _____ Y2 (ages 10-12) _____

Y3 (ages 13-15) _____ Y4 (ages 16-18) _____