



DEPARTMENT 28

AGRICULTURAL EDUCATION / FFA MEMBER HORTICULTURAL EXHIBITS

THIS FORM MUST BE TYPED (USE SEPARATE FORM FOR EACH INDIVIDUAL STUDENT)

CLASS NUMBER	CLASS DESCRIPTION	EXHIBITOR	ADDRESS	COUNTY	SS # AND DATE OF BIRTH	ENTRY #

☒ ☒ ☒ Entries must be received by December 1st! ☒ ☒ ☒

Forward entries to: **FFA Facilitator**
Pennsylvania Department of Education
333 Market Street, 11th Floor
Harrisburg, PA 17126-0333
Fax: (717) 783-6672

Instructor's Name: _____
School Name & Address: _____

Phone #: _____ **Email:** _____
Fax: _____ **Phone No.** _____

The exhibitor agrees that the commonwealth of Pennsylvania and its agencies and instrumentalities, including (but not limited to) the Pennsylvania Farm Show Commission, the Department of Agriculture, and the Department of General Services, will not be responsible for any loss, damage, or injury sustained by or done to the person or property, even if such loss, damage or injury is the result of the negligence (or gross negligence) of the above-named parties. Further, the exhibitor agrees that he shall be responsible for and agrees to indemnify and hold harmless the above-named parties for any loss, damage or injury caused by the exhibitor, his employees or agents, to the person or property of another.

I agree, and intend to be legally bound by the above language by signing my name below and participating in this show.

 (SIGNATURE OF STUDENT)