

CLOWNING

PRE-REGISTRATION FORM

Return by: July 7th
Bonnie Moore, 4-H Office
Cornell Cooperative Extension
28 Parkside Drive
Ellicottville, NY 14731-9707



(I) (We) would like to be a Clown at the Cattaraugus County Fair and will be available to participate at the following times:

Please indicate 1st, 2nd choice:

Day	Hour
1st Choice: _____	_____
2nd Choice: _____	_____

NOTE: (To be eligible for premiums, each participant must work a total of one hour, can be divided into 2 or 3 time periods. Can work singly, in pairs, or small groups.)

CLUB NAME: _____

LONE MEMBER: _____

NAME(S)	ADDRESS(ES)	PHONE(#'S)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate what you will be doing:

- Working Demonstration (need demonstration area) _____
- Informal-greeting and entertaining fairgoers _____
- Clown Acts, Skits _____

(FILL OUT A SEPARATE SHEET FOR EACH GROUP)

