



2026 Clarke County Fair
890 West Main St., Berryville, VA 22611
homemakingdepartment@gmail.com

HOMEMAKING DEPARTMENT ENTRY FORM

Exhibitor Information: *This form is NOT valid for entries in other departments.*

Entries for the HOMEMAKING DEPARTMENT close July 31, 2026.

NO entries will be accepted after this date.

- **ONLY** Clarke County residents are eligible to enter exhibits, unless otherwise indicated.
- All entries must be the sole work of the exhibitor.
- No exhibit that has been shown in previous years can be accepted.
- Where there is no competition in an area, the judges reserve the right to award the prize the item is worthy of, or if it is not worthy no prize will be given.

Step 1: Complete and turn in your Entry Form by July 31, 2026:

- **Completed forms** can be dropped off no later than July 31, 2026 at the following locations:
 - Broy & Son Pump Service, 100 South Buckmarsh Street, Berryville, VA, Monday – Friday, 7am – 4pm.
 - Clarke County Fair office, 890 W. Main St., Berryville, VA, July 28th – 30th, 4pm – 8pm.
 - **Do not bring your actual entry item at the time you drop off the entry form.**
- **Scan and email** your completed form to homemakingdepartment@gmail.com no later than 8pm on July 31, 2026.

Step 2: Pick up your Exhibit Tags:

- **Exhibit Tags** may be picked up at the fair office July 28th – 30th, 4pm – 8pm. Tags will not be available after that date. Every effort will be made to accommodate all entrants.

Step 3: Bring Exhibit Entries in for placement:

- **Exhibit Entry Dates:** Saturday, August 8th, 4pm – 8pm and Sunday, August 9th, 4pm – 8pm.
 - **No exhibits are accepted after August 9th.** No exceptions.
- **Exhibits must be picked up Sunday, August 16 from 12:30 pm - 3:30 pm.**

Complete the exhibitor information on the back of this form

HOMEMAKING DEPARTMENT ENTRY FORM: Please Print Clearly

Exhibitor Name: _____
(Last Name) (First Name)

Address: Street: _____ City: _____ State _____, ZIP _____

Please select your age category: ☐ Adult (Age 20+) ☐ Youth (Age 9-19) ☐ Child (Age 5-8)

Please indicate if you would like to receive a premium: ☐ YES ☐ NO

Enter the entry information below:

	Area	Sec #	Class	Description of Article – Use Exact Language of Section List	Place	Premium
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						