

**BOX TAG – FAMILY LIVING DEPARTMENT**

**NAME:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

<b>CONTENTS:</b>	4-H	Open	Youth		4-H	Open	Youth	
	( )	( )	( )	Canned Goods	( )	( )	( )	Clothing
	( )	( )	( )	Baked Goods	( )	( )	( )	Crafts
	( )	( )	( )	Opportunities	( )	( )	( )	Nutrition Poster
	( )	( )	( )	Hobbies	( )	( )	( )	Quilting

**DELIVERED BY:** \_\_\_\_\_

(All items must be claimed after 5:00 p.m. on Saturday January 12)

**PICK-UP PERSON'S NAME:** \_\_\_\_\_

**COMMITTEE ASSIGNMENT OF PICK-UP PERSON IF FARM SHOW STAFF MEMBER:** \_\_\_\_\_

**SHIPPING ADDRESS:** FAMILY LIVING  
PENNSYLVANIA FARM SHOW COMPLEX & EXPO CENTER  
2300 N. CAMERON ST.  
HARRISBURG PA 17110-9443