

BOX TAG – FAMILY LIVING DEPARTMENT

NAME: _____ **COUNTY:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

CONTENTS:	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