

BOX TAG – FAMILY LIVING DEPARTMENT

NAME: _____ **COUNTY:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

CONTENTS: () 4-H () CANNED GOODS () CRAFTS
() OPEN CLASS () BAKED PRODUCTS () NUTRITION POSTER
() YOUTH CLASS () CLOTHING () 4-H OPPORTUNITIES

DELIVERED BY: _____
(All items must be claimed after 3:00 p.m. on Saturday January 15)

PICK-UP PERSON'S NAME: _____

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

SHIPPING ADDRESS: **DIRECTOR – FAMILY LIVING**
PENNSYLVANIA STATE FARM SHOW
PENNSYLVANIA FARM SHOW COMPLEX & EXPO CENTER
2300 NORTH CAMERON STREET
HARRISBURG PA 17110-9443