

**OFFICIAL CATTLE ENTRY FORM -
SHENANDOAH COUNTY FAIR**

August 25 - September 2, 2017

ENTRIES CLOSE AUGUST 4, 2017 @ 5PM

SEPARATE ENTRY FORM MUST BE COMPLETED FOR EACH EXHIBITOR

MAIL OR DELIVER ENTRIES TO:
SHENANDOAH COUNTY FAIR ASSOCIATION, INC.
P. O. BOX 264, WOODSTOCK, VA 22664
ATTN: Dawn Burch
540-459-3867

Names and numbers of animals must be given as provided by the rules. Name, registry number, age and registry number of sire and dam must be given as per entry form. No entries will be accepted unless complete information is furnished and all entry fees are enclosed. Health certificates required as indicated in the fair catalog.

PLEASE PRINT CLEARLY

Owner/Exhibitor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Enclosed find \$ _____ entry fee
(Make remittance to Shenandoah County Fair Association, Inc.)

Please accept the following entries subject to the rules governing exhibits at the Shenandoah County Fair as published in the fair catalog by which I hereby agree to be governed. I further declare that I will abide by the Animal Exhibitor Code of Conduct and all statements made in connection with said entries are true.

As a participant in an event sponsored by the Shenandoah County Fair Association, inc., I understand that every precaution has been taken in order to prevent the occurrence of accidents or injuries to myself or other participants either at or during said events. I also understand, however, that accidents or injuries can result from my participation in such events and by signing hereunder, I agree to hold the Shenandoah County Fair Association, Inc., harmless from accidents or injuries that may occur through the negligence of myself or other participants in the events.

If participant is under 18 years of age, a parent or legal guardian must sign.

(Exhibitor Printed Name)

(Parent or Guardian Printed Name)

(Exhibitor Signature)

(Parent or Guardian Signature)

ENTRIES

Dept. _____ Section _____ Class No. _____ Date of Birth _____ Sex _____ Eartag or Tattoo # _____

Name of Animal _____ Registration No. _____

Sire _____ Registration No. _____

Dam _____ Registration No. _____

Recorded Owner _____ Breeder _____

EXHIBITOR: PLEASE CONTACT DEPARTMENT SUPERINTENDENT REGARDING PARKING RESTRICTIONS.

Dept. _____ Section _____ Class No. _____ Date of Birth _____ Sex _____ Eartag or Tattoo # _____

Name of Animal _____ Registration No. _____

Sire _____ Registration No. _____

Dam _____ Registration No. _____

Recorded Owner _____ Breeder _____

Dept. _____ Section _____ Class No. _____ Date of Birth _____ Sex _____ Eartag or Tattoo # _____

Name of Animal _____ Registration No. _____

Sire _____ Registration No. _____

Dam _____ Registration No. _____

Recorded Owner _____ Breeder _____

Dept. _____ Section _____ Class No. _____ Date of Birth _____ Sex _____ Eartag or Tattoo # _____

Name of Animal _____ Registration No. _____

Sire _____ Registration No. _____

Dam _____ Registration No. _____

Recorded Owner _____ Breeder _____

Dept. _____ Section _____ Class No. _____ Date of Birth _____ Sex _____ Eartag or Tattoo # _____

Name of Animal _____ Registration No. _____

Sire _____ Registration No. _____

Dam _____ Registration No. _____

Recorded Owner _____ Breeder _____

Dept. _____ Section _____ Class No. _____ Date of Birth _____ Sex _____ Eartag or Tattoo # _____

Name of Animal _____ Registration No. _____

Sire _____ Registration No. _____

Dam _____ Registration No. _____

Recorded Owner _____ Breeder _____