

PLEASE PRINT LEGIBLY

CALAVERAS COUNTY FAIR

Livestock Entry Form

P.O. Box 489, Angels Camp CA 95222 - 209.736.2561

Entry Due Date: April 4th, 2020 @ 5 p.m.

EXHIBITOR NAME:	AGE AS OF JANUARY 1ST:	BIRTH DATE:
MAILING ADDRESS:	CLUB/CHAPTER/INDEPENDENT:	
CITY, STATE, ZIP	PHONE:	

*Fair Management is not responsible for errors made on entry form. *LATE OR FAXED FORMS WILL NOT BE ACCEPTED.*

Use a separate form for each Department of Market and Breed Species.

Bill of Sale is required for all Livestock Entries.

DEPARTMENT NUMBER:			SPECIES TYPE (PLEASE CIRCLE ONE):				ETHICS CERTIFICATE ATTACHED:	
			MARKET		OR	BREEDING		ETHICS COMPLETION DATE:
DIVISION No.	CLASS No.	SEX	DESCRIPTION BREED, VARIETY, ETC.	REGISTRATION No. SCRAPIE PREMISE No.	BREEDER (NOT BROKER)		STALL FEE	FAIR USE
					Total			

Showmanship: Department: 325 Division: _____ Class: _____

**Signatures certify that these entries are the project of the exhibitor and are eligible to be shown in accordance with the State of California and the Calaveras County Fair Rules. This entry also certifies that the Exhibitor, Parent/Guardian and Leader/Advisor have read and received a copy of Livestock Exhibitor Show Entry Certification Rules and Social Media Policy (Located in back of book).*

SIGNATURE OF EXHIBITOR:	
PRINT NAME OF PARENT/GUARDIAN:	SIGNATURE OF PARENT/GUARDIAN: *
PRINT NAME OF PROJECT LEADER/ADVISOR:	SIGNATURE OF LEADER/ADVISOR: *