## **GOAT ENTRY INSTRUCTIONS**

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**BY MAIL: PRINT, SIGN** and **MAIL** your entry and fees by the stated deadline. Incomplete forms will be rejected. MAIL ENTRY FORM & FEES TO: KLICKITAT COUNTY FAIR, PO BOX 223, GOLDENDALE, WA 98620 **MAKE CHECKS PAYABLE TO: KLICKITAT COUNTY FAIR** 

ONLINE (WHEN AVAILABLE): VISIT KLICKITATCOUNTYFAIR.COM Navigate to the department you wish to enter for general rules, department information, and online entry forms. The entry and fees must be submitted and paid by the stated deadline. Print your entry and payment confirmation and bring it with you when you arrive and check-in with your exhibit(s).

EILL ONE EODM DED COAT

GOAT ENTRY FORM FILL ON						E FORM PER GOAT	
EXHIBITOR NO: RECEIVE AT CHECK-IN FROM CLERK						SHOWMANSHIP DIVISION	
EXHIBITOR NAME:						All ages as of Oct. 1 from previous year    PEEWEE/ 5 & under	
MAILING ADDRESS:						OPEN Class Only	
CITY: STATE: ZIP:						CLOVERBUD / Age 5-7 FIRST YEAR JUNIOR / Age 8-10	
PHONE:					Have not shown species before		
EMERGENCY CONTACT:						☐ JUNIOR / Age 8-10 ☐ INTERMEDIATE / Age 11-13 ☐ SENIOR / Age 14-18 ☐ OPEN / Age 19+	
4-H CLUB OR FFA CHAPTER: Circle TSHIRT SIZE: TYOUTH S M TADULT S M L XL							
DEPT NO.	LOT NO.	CLASS NO.	TAG NO.	BREED	CLASS DESCRIP	PTION	
90					MARKET LIVESTOCK S	ALE	
90					MARKET LIVESTOCK S	ALE	
					SHOWMANSHIP		
BEEF   D SWINE SHEEP   POULTRY	GOAT	No. of Head No. of Head No. of Head No. of Head	WORKSHEET  I: x \$20  I: x \$20  I: x \$15  I: x \$8	doné to or occasio the Klickitat Count The management w exhibit. To ensure th and/or members or exhibiting unsuitab	ns by or arising from any anima y Fair & Rodeo against all lega rill take every precaution in its po the safety of Fair patrons and other	quential or other loss, injury, or damage all exhibited by them and shall indemnify I or other proceedings in regard thereto. Ower for the safe preservation of stock on the exhibitors the livestock superintendents are the right to refuse entry of any animal	
RABBIT CHECK	-		l: x \$8	EXHIBITOR SIC	GNATURE:	DATE:	
☐ CASH		10	TAL FEES:				
☐ PAID UN	vliive (at	tach receipt)					