



FORT BEND COUNTY FAIR ASSOCIATION
2024 SUBSTITUTE EXHIBITOR FORM – Medical/Other

Name of Exhibitor: \_\_\_\_\_

4-H Club/FFA Chapter: \_\_\_\_\_ Club Leader/Advisor: \_\_\_\_\_

School: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Exhibitor's Project(s): [ ] Steer [ ] Commercial Heifers – Pen of 2 [ ] Commercial Heifer – Halter
[ ] Lamb [ ] Goat [ ] Pig [ ] Broilers [ ] Roasters [ ] Turkey [ ] Rabbit

Class Name: \_\_\_\_\_ Entry Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Reason for Substitute Exhibitor: \_\_\_\_\_
(Medical/Other)

Name of Substitute Exhibitor: \_\_\_\_\_

4-H Club/FFA Chapter: \_\_\_\_\_ Club Leader/Advisor: \_\_\_\_\_

School: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Substitute Showing: [ ] Steer [ ] Commercial Heifers – Pen of 2 [ ] Commercial Heifer – Halter
[ ] Lamb [ ] Goat [ ] Pig [ ] Broilers [ ] Roasters [ ] Turkey [ ] Rabbit

Class Name: \_\_\_\_\_ Entry Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Approval by School Administrator:

\_\_\_\_\_ is ineligible to participate at the Fort Bend County Fair due to medical/other
(Exhibitor)
reason. I have reviewed the grades of \_\_\_\_\_ and he/she is eligible to participate as
(Substitute Exhibitor)
a substitute exhibitor.

Signature/Title: \_\_\_\_\_
(Principal, Superintendent, Assistant Principal, or Counselor)

Subscribed and acknowledged before me by the school administrator on this the \_\_\_\_\_ day of
\_\_\_\_\_, A.D., 20\_\_

NOTARY PUBLIC in and for
Fort Bend County, Texas

Fort Bend County Fair Association
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