

FORT BEND COUNTY FAIR ASSOCIATION 2025 Replacement Halter Heifer Entry Form



• One form per exhibitor per species • Each exhibitor must have a current-year Exhibitor/Participant Release of Liability and a W-9 in the exhibitor's name on file at the Fair Office. Only one (1) is needed per exhibitor, not per entry. ***In addition to this form, ROL & W-9 (due in Fair Office), exhibitors must submit an online entry and \$50.00 entry fee at https://fbcfa.fairwire.com no later than May 8, 2025. ***

Exhibitor's Name:				
	City:		Zip:	
Physical Address:	City:		Zip:	
DOB:	Age: (year showing)	Quality Counts V	erification #	
Phone:	Email:			
Parent/Legal Guardian's Name	:			
Guardian Cell:	Guardian's E	Guardian's Email:		
Complete School Name: (year sh	owing)		Grade: (year showing)	
Club/Chapter Name:				
Leader/Advisor Name:	Email:			
Leader/Advisor Phone:	Leader/Advisor Signature:			
Family Tag: YES or NO Fam	nily Names:			
Physical Address where animal(
for unauthorized use of medication or of General Rules and Regulations of the Fo 2025 Fort Bend County Fair Division Ru	drugs. Exhibitor and Parent/Guard ort Bend County Fair, the 2025 For	ian state that they have read, rt Bend County Fair General lerstand that auction checks	scretion of the Fair management, be tested, understand, and agree to abide by all the l Livestock Rules and Regulations, and the will not be released until Buyer thank you nto the Fair Office.	
Exhibitor Signature:		Date	2:	
Parent/Guardian Signature:		Date:		
	Breeder's S	<u>Statement</u>		
Breeder's Name:				
Breeder's Address:				
Breeder's Phone Number:	Breeder's	Email:		
I certify that the heifer exhibite	ed by			
(Exhibitor) was born on, was purchased on, (Birth Date(s)) (Date Purchased)				
(Birth	Date(s))	Pareimoed on	(Date Purchased)	
and its bloodline is hood vaccinated for brucellosis		. I certify t	that this heifer has been calf	
hood vaccinated for brucellosis	-			
Breeder's Signature:		Dat	te:	