

FORT BEND COUNTY FAIR ASSOCIATION 2025 Replacement Pen of Two 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:				
Mailing Address:			Zip:	
Physical Address:	City:Zip:		Zip:	
DOB:	Age: (year showing)	Quality Counts Verification	ı#	
Phone:	_Email:			
Parent/Legal Guardian's Nam	e:			
Guardian Cell:	Guardian's Email:			
Complete School Name: (year s	howing)	Gra	ade: (year showing)	
Club/Chapter Name:				
Leader/Advisor Name:		Email:		
Leader/Advisor Phone:	Leader/Ad	lvisor Signature:		
Family Tag: YES or NO	Family Names:			
Physical Address where animal	l(s) will be housed:			
for unauthorized use of medication General Rules and Regulations of the 2025 Fort Bend County Fair L	on or drugs. Exhibitor and Parent/Gi f the Fort Bend County Fair, the 20 Division Rules for each species enter	on the entry form may, at the discretion uardian state that they have read, unders 25 Fort Bend County Fair General Live ed. I understand that auction checks will ened disposition sheet, are turned into th	stand, and agree to abide by all the stock Rules and Regulations, and I not be released until Buyer thanl	
Exhibitor Signature:		Date:		
Parent/Guardian Signature:		Date:		
	Breeder	's Statement		
Breeder's Name:				
Breeder's Address:				
Breeder's Phone Number:	Breeder	's Email:		
I certify that the heifer exhibit	ted by			
was born on	(Exhibitor) , was purchased on,			
(B	irth Date(s))	(Date	Purchased)	
		I certify that this h	eifer has been calf hood	
vaccinated for brucellosis.				
Breeder's Signature:		Date:		