**Please Use Blue or Black Ink Only**

**CATEGORIES:** **ADULT** (18-54) ☐
**SENIOR** (55 +) ☐
**YOUTH -** Registered Breeds ☐

☐ **HOUSED WITH 4-H**
☐ **HOUSED WITH FFA**
☐ **HOUSED WITH OPEN CLASS**

PLEASE RETURN TO:
ccfgstaff@co.crook.or.us
CROOK COUNTY FAIRGROUNDS
P.O. BOX 507
PRINEVILLE, OR 97754
PH 447-6575 / FAX 447-3225

EXHIBITOR #

AMOUNT PAID: **$** $_____

DATE RECEIVED: _____

# OPEN CLASS ENTRY FORM - LIVESTOCK

**Please Use Separate Entry Form For Each Breed**

**# OF ANIMALS** ☐

**# Pen's Needed (without tack)** ☐

Name _____ Age: _____ PHONE # _____

Mailing Address _____ E-Mail: _____

City _____ State _____ Zip _____

*Premium Money will be paid* ***SATURDAY BETWEEN 12:00PM-4:00PM AT FAIRGROUNDS OFFICE*** *only to registered owner. Fed ID# must correspond with owners name.*

**Registered Owner's Signature:** _____

**DEPARTMENT LETTER & SPECIES:** _____

**DIVISION # AND NAME OF BREED:** _____

| Class # | Class Name | Call Name for Animal | Registration # | Ear Tag or Tattoo | Date of Birth |
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