Open Class Livestock

# of animals:	fee total:
	$

Full Name: _____ Phone #: _____

Mailing Address: _____

Email: _____ Registered Owner's Signature: _____

date paid:

use separate forms for different breeds

Department Letter: _____ Species: _____

Division #: _____ Name of Breed: _____

# of Pens Needed (without tack):

Animal(s) will be housed with: ☐ **Open Class** ☐ **FFA** ☐ **4-H**

Class # / Class Name	Animal's Call Name	Registration #	Ear Tag or Tattoo	Date of Birth
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Deliver to CCFG Office: in-person (1280 SE Main St); mail (PO Box 507), email: (ccfg-staff@co.crook.or.us), fax: 541-447-3225

Mandatory Check-in: Tuesday, 8/6, 9am-2pm @ the Open Class Beef/Sheep Barn
Premium Pick-Ups: Saturday, 8/10, 1-4pm; Sunday, 8/11, 9am-1pm; August 12-16, 8am-4pm @ Fairgrounds Office