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|-----------------------|------------|--|--|
| | | MARKET - ONLY SMALL ANIMAL CLUB - Entry Form | ___ 4-H ___ FFA ___ Grange ___ IND <i>PLEASE CHECK ONE OF THE ABOVE</i> |
| Last Name | First Name | Del Norte County Fair 421 Hwy 101 N Crescent City CA 95531 707-464-9556 | Birthdate _____ Age _____ |
| Mailing Address _____ | | | Parent's Name - PLEASE PRINT _____ |
| City | State | ZIP | |
| Phone | Email | www.dnfair.org / info@dnfair.org | Club _____ Date _____ |

Species: ___ Rabbits ___ Poultry ___ Turkeys ___ Geese ___ Ducks ___ Quail

| <i>Office Use Only</i> | Division | Class | Breed | Name of Animal | Tattoo/Tag | Date of Birth | Sex | Breeder | |
|------------------------|----------|-------|-------|----------------|------------|---------------|-----|-----------------------------|----|
| 1) | | | | | | | | | |
| 2) | | | | | | | | | |
| 3) | | | | | | | | | |
| 4) | | | | | | | | | |
| 5) | | | | | | | | | |
| 6) | | | | | | | | | |
| 7) | | | | | | | | | |
| 8) | | | | | | | | Cage Fee x _____ (\$2 ea) | |
| 9) | | | | | | | | Animal Fee x _____ (\$2 ea) | \$ |

LIABILITY-This receipt limits our liability-PLEASE READ!!!

"The exhibitor agrees to defend, indemnify and hold harmless the fair, the County and the State of California from and against any liability, claim loss or expense (including reasonable attorneys' fees) arising out of any injury or damage, which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent/guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property."

EXHIBITOR IS REQUIRED TO PAY A STALL FEE FOR EACH ANIMAL REGARDLESS OF BEING STALLED WITH ANOTHER ANIMAL

Leaders Name Printed & Signed _____

Exhibitor's Signature _____ **Exhibitor Code** _____

| | |
|--|----|
| Parent Wristband x _____ (\$25 ea) | \$ |
| Sibling Wristband x _____ (\$15 ea) | \$ |
| *Livestock Prkg Pass x _____ (\$20 ea) | \$ |
| **Exhibitor Wristband - \$15.00 | \$ |
| Total Fees: | \$ |
| AMOUNT PAID \$ | |
| **You may ONLY purchase 1 wristband per exhibitor--Please pay \$15.00 on only one entry form regardless of the number of entry forms used. *Only 2 Parking Passes per family. | |