



FORT BEND COUNTY FAIR ASSOCIATION 2024 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 9, 2024. ***

Exhibitor's Name: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

DOB: _____ Age: (year showing) _____ Quality Counts Verification # _____

Phone: _____ Email: _____

Parent/Legal Guardian's Name: _____

Guardian Cell: _____ Guardian's Email: _____

Complete School Name: (year showing) _____ Grade: (year showing) _____

Club/Chapter Name: _____

Leader/Advisor Name: _____ Email: _____

Leader/Advisor Phone: _____ Leader/Advisor Signature: _____

Family Tag: YES or NO Family Names: _____

Physical Address where animal(s) will be housed: _____

The undersigned hereby consents and agrees that the animal described on the entry form may, at the discretion of the Fair management, be tested for unauthorized use of medication or drugs. Exhibitor and Parent/Guardian state that they have read, understand, and agree to abide by all the General Rules and Regulations of the Fort Bend County Fair, the 2024 Fort Bend County Fair General Livestock Rules and Regulations, and the 2024 Fort Bend County Fair Division Rules for each species entered. I understand that auction checks will not be released until Buyer thank you notes and required paperwork, including a signed disposition sheet, are turned into the Fair Office.

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 exhibited by _____

(Exhibitor)

was born on _____, was purchased on _____,

(Birth Date(s))

(Date Purchased)

and its bloodline is _____. I certify that this heifer has been calf hood vaccinated for brucellosis.

Breeder's Signature: _____ Date: _____

Committee/Office Use

ROL____ W9____ # of animals tagged: _____ \$50 Entry Fee – includes tags Cash: _____ Card: _____ Check #: _____

Tag

Tag

Tag

Class

Class

Class

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Classes: •100 (Brahman 12-19 MO) •101 (Brahman 20-27 MO) •102 (Non-Brahman 12-19 MO) •103 (Non-Brahman 20-27 MO)