

FORT BEND COUNTY FAIR ASSOCIATION 2024 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 <u>https://fbcfa.fairwire.com</u> no later than May 9, 2024. *****

Exhibitor's Name:						
Mailing Address:			City:		Zip:	
Physical Address:	City:				Zip:	
DOB:	Age: (<i>year</i> :	showing)	Quality C	ounts 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/Ac	lvisor Signature:_			
Family Tag: YES or NO	Family Names:					
Physical Address where animal	(s) will be house	ed:				
sheet, are turned into the Fair Office. Exhibitor Signature:						
Parent/Guardian Signature:				Date:		
			's Statement			
Breeder's Name:						_
Breeder's Address:						_
Breeder's Phone Number:		Breeder	's Email:			_
I certify that the heifer exhibit			(Exhibitor)			_
was born on(Bi	irth Date(s))	, v	vas purchased on _	(Date	Purchased)	,
and its bloodline is vaccinated for brucellosis.			I	certify that this h	eifer has been calf h	ood
Breeder's Signature:				Date:		
		Committee	/Office Use			
ROL W9 # of anir	nals tagged:	\$50 Entry	<u> Fee – includes tags</u>	Cash: Car	d: Check #:	
Tag	Tag	Tag	Tag	Tag	Tag	