



FORT BEND COUNTY FAIR ASSOCIATION
2024 SUBSTITUTE EXHIBITOR FORM – Medical/Other

Name of Exhibitor: _____

4-H Club/FFA Chapter: _____ Club Leader/Advisor: _____

School: _____ Contact Number: _____

Exhibitor's Project(s): [] Steer [] Commercial Heifers – Pen of 2 [] Commercial Heifer – Halter
[] Lamb [] Goat [] Pig [] Broilers [] Roasters [] Turkey [] Rabbit

Class Name: _____ Entry Number: _____ Breed: _____

Reason for Substitute Exhibitor: _____
(Medical/Other)

Name of Substitute Exhibitor: _____

4-H Club/FFA Chapter: _____ Club Leader/Advisor: _____

School: _____ Contact Number: _____

Substitute Showing: [] Steer [] Commercial Heifers – Pen of 2 [] Commercial Heifer – Halter
[] Lamb [] Goat [] Pig [] Broilers [] Roasters [] Turkey [] Rabbit

Class Name: _____ Entry Number: _____ Breed: _____

Approval by School Administrator:

_____ is ineligible to participate at the Fort Bend County Fair due to medical/other
(Exhibitor)
reason. I have reviewed the grades of _____ and he/she is eligible to participate as
(Substitute Exhibitor)
a substitute exhibitor.

Signature/Title: _____
(Principal, Superintendent, Assistant Principal, or Counselor)

Subscribed and acknowledged before me by the school administrator on this the _____ day of
_____, A.D., 20____

NOTARY PUBLIC in and for
Fort Bend County, Texas

Fort Bend County Fair Association
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