

Fort Bend County Fair Association 2024 Swine Show Entry Form

Please print all information except where a signature is required

• 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 June 27, 2024. *******

Mailing Address: City: Zip: Physical Address: City: Zip: DOB: Age: (year showing) Quality Counts Verification # Phone: Email: Parent/Legal Guardian's Name: Guardian's Email: Guardian Cell: Guardian's Email: Complete School Name: (year showing) Grade: (year showing) Club/Chapter Name: Email: Leader/Advisor Name: Email: Leader/Advisor Phone: Leader/Advisor Signature: Family Tag: YES or NO Family Names:	Exhibitor's Name:					
DOB: Age: (year showing) Quality Counts Verification # Phone: Email: Parent/Legal Guardian's Name: Guardian Cell: Guardian Cell: Guardian's Email: Complete School Name: (year showing) Grade: (year showing) Club/Chapter Name: Email: Leader/Advisor Name: Email:	Mailing Address:	City:				_Zip:
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: Leader/Advisor Phone: Leader/Advisor Phone:	Physical Address:	City:				_Zip:
Parent/Legal Guardian's Name: Guardian Cell:	DOB:	Age: (year showing)	Qu	ality Counts Verifi	cation #	
Guardian Cell:	Phone:	Em	ail:			
Complete School Name: (year showing) Grade: (year showing) Club/Chapter Name: Leader/Advisor Name: Email: Leader/Advisor Phone: Leader/Advisor Signature:	Parent/Legal Guardian's Nan	ıe:				
Club/Chapter Name:Email:Email:Enail:	Guardian Cell:	Gua	urdian's Email:			
Leader/Advisor Name: Email: Leader/Advisor Phone: Leader/Advisor Signature:	Complete School Name: (year	howing)			Grade: (year she	owing)
Leader/Advisor Phone:Leader/Advisor Signature:	Club/Chapter Name:					
	Leader/Advisor Name:		Ema	il:		
Family Tag: YES or NO Family Names:	Leader/Advisor Phone:	Lea	ader/Advisor Signa	ature:		
	Family Tag: YES or NO	Family Names:				
Physical Address where animal(s) will be housed:	Physical Address where anima	l(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.	tested for unauthorized use of med all the General Rules and Regulat and the 2024 Fort Bend County F thank you notes and required pape	lication or drugs. Exhibitor a ions of the Fort Bend County air Division Rules for each sp rwork, including a signed di	and Parent/Guardian y Fair, the 2024 Fort pecies entered. I und isposition sheet, are to	state that they have r Bend County Fair G erstand that auction c urned into the Fair O	ead, understand, and eneral Livestock Rul checks will not be rel	d agree to abide by les and Regulations,
Exhibitor Signature:	Exhibitor Signature:					
Printed Name of Parent/Guardian:	Printed Name of Parent/Guardia	n:				
Parent/Guardian Signature:	Parent/Guardian Signature:_					
Date:	Date:					
Committee/Office Use		c	Committee/Office Use	2		
ROL W9 # of animals tagged: \$50 Entry Fee – includes tags Cash: Card: Check #:	ROL W9 # of ar	imals tagged:	<u>\$50 Entry Fee – inclu</u>	<u>des tags</u> Cash:	Card:Cł	neck #:
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