FORT BEND COUNTY FAIR ASSOCIATION
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 ☐ 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 ☐ Roaster ☐ 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 4310 Highway 36 South
Rosenberg, Texas 77471
Phone: 281-342-6171 Email: livestock@fbcfa.org