Ear Tag ID#	Initial Weight	



SIGNATURE OF ADVISOR/AGENT/LEADER \_\_\_

## Lake County Fair OFFICIAL MARKET ENTRY FORM

## **CIRCLE ONE**:

Steer

Swine

Goat

Laying Hen

(Club name if club animal)	First	Last		Middle Initial
MAILING ADDRESS:				
Phone:		Exhibitor Date of Birth_		Social Security #
Leader/ Teacher Email		Exhibitor/Pare	nt Email:	
4-H CLUB/FFA CHAPTER_		Leader / 1	eacher	
MEMBERSHIP NUMBER/ID	NUMBER			
Animal Date of Birth:		Breed:		Sex :
Purchased From :		Date pui	chased :	
Animal's State and County of	of Origin:			
Premise Origin:	Premise	ID #:	Official ID#	<u> </u>
at the Fair. I further unde  * I understand that in the in understand the "managea  * I recognize that personal no profit is guaranteed ev	rstand that all rules terest of my own s bility test" and that financial loss may en if my entry qual	s and regulations shall be afety and safety of other t my animal will be disqua- result from this project a ifies for the Show and Sa	e adhered to without s I must be able to alified and sent hout and am willing to act ale.	manage and control my animal. I me if I fail the test.
				association for any loss by fire, theft, or group of persons, exhibits or exhibitors.
	k, time being of the	essence. If the recipien	t/payee fails to tim	by the recipient/payee within 60 days ely negotiate said check, all monies due f said monies to the Fair.
EXHIBITOR'S SIGNATURI	Ē			