

PLEASE PRINT OR TYPE

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

CITY ZIP PHONE

EXHIBITOR'S AGE EXHIBITOR'S BIRTHDATE GRADE LEVEL



1850 W CLEVELAND AVE
 MADERA, CA, 93637
 559-674-8511
 WWW.MADERAFAIR.COM

LIVESTOCK
 (Please circle correct Species/Department)

BEEF SWINE SHEEP DAIRY
MEAT GOAT DAIRY GOAT
PYGMY GOAT

FFA Chapter / 4-H Club
 (Please circle correct Department)

Club / Chapter _____

Division Number	Class Number	Breed	Sex	Name of Animal	DOB MO.DAY.YR	Scrapies Sheep/Goat	Tattoo or Ear Tag/Notch	Reg No.	Sire Reg No.	Dam Reg No.	Entry Fee
1											
Breeder :											
2											
Breeder :											
3											
Breeder :											
4											
Breeder :											
5											
Breeder :											
Consult Exhibitor's Handbook For Division and Class Numbers, Entry Fees, And Closing Dates								TOTAL ANIMALS	TOTAL FEES	\$	

The exhibitor agrees to defend, indemnify and hold harmless the Fair, the county and the State of California from and against any liability, claim, loss or expense (including attorney's fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property. Exhibitor has read, understands and agrees to abide by all of the rules published in the Fair's Exhibitor Handbook.

Exhibitor Signature: _____ Parent/Guardian Signature: _____

I certify that this entry is the project of the exhibitor and is eligible to be shown in accordance with the rules of this show.

Advisor/Leader/Teacher Signature & Phone Number: _____ Club / Chapter: _____

Exhibitor Last Name: _____ Exhibitor First Name: _____

FOR FAIR USE ONLY:
 DATE RECEIVED: _____
 RECEIVED BY: _____
 EXHIBITOR NO: _____