

Santa Barbara County Fair
Independent Exhibitor Application

Exhibitor Information

First Name _____ Last Name _____

Date of Birth _____ Phone Number _____

Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

Desired Species _____

Have you previously been affiliated with either 4-H/FFA/Grange? Circle One YES NO

If yes, please list all clubs/chapters/group and dates enrolled:

Club _____ Date _____

Club _____ Date _____

Club _____ Date _____

Supervising Adult Information

First Name _____ Last Name _____

Phone Number _____ Cell Number _____

Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

Relationship to Exhibitor _____

As Stated in the State Rules, independent exhibitors must provide adult supervision (over 25 years old) on grounds at all times. The supervising adult must be available on a 15-minute call during fair time activities. One complimentary wristband will be issued to the adult supervising the independent exhibitor.

Office Use ONLY

Accepted _____ **Rejected** _____ **Date** _____ **By** _____

CC: _____ **CEO:** _____ **Livestock Superintendent:** _____