TRINITY VALLEY EXPOSITION OFF PREMISES FORM

(To be turned in at tag-in or when animal goes off premise)

NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP
CONTACT NUMBERS:		
ORGANIZATION/CLUB:	ADVISO	R
MARKET DIVISION ENTERED):	
911 ADDRESS WHERE ANIMA	AL IS KEPT:	
DIRECTIONS TO PLACE ANIM	IAL WILL BE KEPT	
REASON ANIMAL IS NOT BEI	NG KEPT AT RESIDENC	CE
I, the undersigned understand that by the exhibitor at the exhibitor's a time during the feeding period. If the Livestock Advisory Committe the market entry.	residence. All market enti market entry is found beir	ries can be visited at least one ng raised off residence and
Property Owners Signature:		
Parent Signature:		
Exhibitor Signature:		
DATE		
APPROVEDDENIED		
REASON DENIED:		