

TRINITY VALLEY EXPOSITION
OFF PREMISES FORM

(To be turned in as soon as animal goes off premise)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

CONTACT NUMBERS: _____

ORGANIZATION/CLUB: _____ ADVISOR _____

MARKET DIVISION ENTERED: _____

911 ADDRESS WHERE ANIMAL IS KEPT:

DIRECTIONS TO PLACE ANIMAL WILL BE KEPT:

REASON ANIMAL IS NOT BEING KEPT AT RESIDENCE:

I, the undersigned understand that all Market Animals must be owned, fed, and cared for by the exhibitor at the exhibitor's residence. All market entries can be visited at least one time during the feeding period. If market entry is found being raised off residence and the Livestock Advisory Committee did not grant permission, the exhibitor cannot show the market entry.

Property Owners Signature: _____

Parent Signature: _____

Exhibitor Signature: _____

DATE _____

APPROVED ___ DENIED ___

REASON DENIED: _____