

LITTLE WRANGLER HAY HAULING ENTRY FORM



Child's Name: _____

Age: _____ Date of Birth _____ Phone # _____

Parent/Legal Guardian: _____

(Please print name)

Address: _____ City _____ Zip _____

I, _____ authorize my son/daughter to participate in the Little Wrangler Hay Hauling Contest, and do not hold the Washington County Fair Association or anyone associated with these events liable for accidents or injuries to the above named child.

Signature of Parent/Guardian

Date

Name of Little Wrangler Hay Hauling Partner _____

*****Space is limited to the first 24 contestants*****