ST. CLAIR COUNTY 4-H YOUTH FAIR ENTRY FORM

DEADLINE FOR ALL FORMS IS JULY 1ST.

NOTHING WILL BE ACCEPTED AFTER THIS DATE

Every exhibitor must complete an entry form. Incomplete or ineligible forms will not be accepted, nor returned. Additional forms, attached are necessary if exhibiting in that department. All market exhibitors must complete the Livestock Care Agreement/Drug Authorization Form.

NAME:	**ADDRESS:**
PHONE:	**CITY & ZIP:**
IS THIS YOUR FIRST YEAR EXHIBITING AT THE FAIR? YES NO	**IS THIS A NEW ADDRESS OR PHONE NUMBER?** YES NO
SOCIAL SECURITY #:	**EXHIBITOR #** *(1ST Initial of last name & last 4 digits of Social Security#)*
AGE ON 1/1/11:	**BIRTH DATE:**
4-H CLUB:	**PARENT/GUARDIAN:**

DEPT.	**SECT.**	**CLASS**	**DESCRIPTION** *(ALL INFORMATION MUST BE COMPLETE!)*	**LIVESTOCK TAG/HORSE BACK #** *THIS IS MANDATORY*

EXHIBITOR ENTRY STATEMENT: I have read and understand, consent to, and agree to abide by the Show Ring Code of Ethics as stated in the premium list of this event. Additional copies available.

MEDICAL TREATMENT AUTHORIZATION: I do hereby authorize the St. Clair County Agricultural Society to seek this participant medical treatment for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent/person designated only if the situation is urgent and does not permit delay.

Signed by Exhibitor_____ Signed by Parent/Guardian:_____

PROJECT EXHIBITOR TAGS, to be completed by the exhibitor, are currently available. They may be requested from the Extension 4-H Office, Fair Office, and fairgrounds office during fair set-up and throughout the week.

RETURN TO: **SCCAS FAIR OFFICE**
P. O. BOX 325
MARYSVILLE, MI 48040

QUESTIONS: (810) 364-9100
OFFICE LOCATION: 1328 MICHIGAN, MARYSVILLE