

**FORT BEND COUNTY FAIR
2010 GOAT SHOW ENTRY FORM**

BREED: _____	WETHER/EWE	TAG: _____	WT: _____
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BREED: _____	WETHER/EWE	TAG: _____	WT: _____

ENTRY FEE: (\$10.00 x # _____ of exhibitors) \$ _____

LOCATION WHERE GOAT(S) WILL BE HOUSED:

NAME & ADDRESS OF FACILITY: _____

ONE FORM PER FAMILY

PLEASE FILL OUT ALL ADDITIONAL EXHIBITOR INFORMATION ON THE BACK OF THIS FORM

(1) EXHIBITOR: _____
(PLEASE PRINT)

(2) EXHIBITOR: _____

(3) EXHIBITOR: _____

(4) EXHIBITOR: _____

EXHIBITOR(S) MAILING ADDRESS: _____

EXHIBITOR(S) PHYSICAL ADDRESS: _____

PARENT(S) NAME: _____

HOME PHONE () _____ PARENT'S WORK () _____

EMAIL: _____ PARENT'S CELL NUMBER: _____

Each Exhibitor must have a notarized Exhibitor/Participant Release of Liability and W-9 form on File at the Fair Office.

The undersigned hereby consents and agrees that the animal described on the entry form may, at the discretion of the fair management, be tested for unauthorized use of medication or drugs.

Exhibitor states that they have read, understand and agree to abide by all the General Rules and Regulations of the Fort Bend County Fair, the 2010 Fort Bend County Fair General Livestock Rules and Regulations and the 2010 Fort Bend County Fair Goat Rules.

EXHIBITOR'S SIGNATURE

PARENT/GUARDIAN SIGNATURE

Print Name of Parent/Guardian

DATE: _____

EXHIBITOR INFORMATION: (Please fill out for each exhibitor)

(1) EXHIBITOR: _____

FULL NAME OF 4-H/FFA: _____

FULL NAME OF SCHOOL: _____

GRADE IN SCHOOL AS OF SEPTEMBER 1, 2010: _____

DATE OF BIRTH: _____

SOCIAL SECURITY: _____

(2) EXHIBITOR: _____

FULL NAME OF 4-H/FFA: _____

FULL NAME OF SCHOOL: _____

GRADE IN SCHOOL AS OF SEPTEMBER 1, 2010: _____

DATE OF BIRTH: _____

SOCIAL SECURITY: _____

(3) EXHIBITOR: _____

FULL NAME OF 4-H/FFA: _____

FULL NAME OF SCHOOL: _____

GRADE IN SCHOOL AS OF SEPTEMBER 1, 2010: _____

DATE OF BIRTH: _____

SOCIAL SECURITY: _____

(4) EXHIBITOR: _____

FULL NAME OF 4-H/FFA: _____

FULL NAME OF SCHOOL: _____

GRADE IN SCHOOL AS OF SEPTEMBER 1, 2010: _____

DATE OF BIRTH: _____

SOCIAL SECURITY: _____