PLEASE PRINT OR TYPE

LAST NAME FIRST NAME M.I.

MAILING ADDRESS

CITY ZIP PHONE

COUNTY OF RESIDENCE SCHOOL

CHOWCHILLA
Madera County
FAIR

PO Box 597
CHOWCHILLA•CA•93610
559.665.4582
WWW.CHOWCHILLAFAIR.ORG

BREEDING ONLY—Circle Species
(one species per form)

BEEF GOAT SHEEP
SWINE DAIRY
FFA Chapter/4-H Club
(or indicate if Independent)

Club or Chapter Name

Entry Form Deadline: April 14, 2010

Exhibitor's Age _____ Exhibitor's Birthdate _____/_____/_____

DEPT. #	DIVISION	CLASS	BREED	SEX	DOB MO.DAY.YR	EAR TAG RE/LE	SCRAPIES	REG. NO.	SIRE REG. NO.	DAM REG. NO.	BREEDER	ENTRY FEE

Entry Fee $_____

Wristband ($10—one/exhibitor) $ 10

Insurance *($35—independents only)* $_____

TOTAL AMOUNT REMITTED **$**_____

Number of Animals: _____

The exhibitor agrees to defend, indemnify and hold harmless the Fair, the county and the State of California from and against any liability, claim, loss or expense (including attorneys' fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with participation in the program or event, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent or guardian of minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property.

Exhibitor Signature: _____

Parent/Guardian Signature: _____

I certify that this entry is the project of the exhibitor and is eligible to be shown in accordance with the rules of this show.

FFA Advisor: _____

FOR FAIR USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

EXHIBITOR NO: _____

PAID: YES NO

CHECK #:_____