

Fair Office - Official Use Only

Date Received: _____ Waiver of Liability _____ Amount Paid: \$ _____ Cash / Check: _____ Grounds Fee _____

LAWRENCE COUNTY FAIR, 464 MIDWAY ROAD, NEW CASTLE, PA 16101

DAIRY (INCLUDES DAIRY FEEDERS), BEEF, & GOAT ENTRY FORM

Please read & follow instructions. Any mistakes could lead to disqualification of the exhibitor or animal.

This entry form is intended for **OPEN** and/or **4-H/FFA DAIRY, BEEF** and **GOAT** entries **ONLY**. Do NOT use this form for MARKET ANIMALS!

Use one line per class per animal.

Please print or type legibly. Information will be entered as read.

GROUND'S FEE \$5 per Exhibitor

Entry Fees for OPEN classes: \$5.00 per head of DAIRY CATTLE \$5.00 per head of BREEDING BEEF \$5.00 per head of BREEDING GOATS

Entry Fees for 4-H / FFA classes: \$5.00 per head for each animal.

NOTE: If entering both OPEN & 4-H/FFA classes, entry fees must be paid for BOTH!

Entries must include 1.) Entry Form; 2.) Fees; 3.) a WAIVER of LIABILITY form. (All available on the website.)

ENTRIES ARE DUE JULY 15. Drop off at the office or mail to Lawrence County Fair, 464 Midway Road, New Castle, PA. 16101.

Separate entry forms are required for 1.) Each Exhibitor; 2.) Each Species; & 3.) Each Breed.

Species: **DAIRY** **BEEF** **GOAT** **Breed** _____

Exhibitor Name: _____ **Exhibitor's #:** _____ **Phone #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

| OPEN | | 4-H/FFA | | REGISTRY NAME | D.O.B. | SIRE | DAM | BREEDER | FEE \$5 per Dept |
|-------|-------|---------|-------|---------------|--------|------|-----|---------|------------------------|
| Dept. | Class | Dept. | Class | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| GROUP CLASSES- \$5 per class | | Please place an X or \checkmark in the classes you plan to enter. | |
|---|-------------------------------------|---|---|
| DAIRY Only one entry per Exhibitor in classes 11, 28, 29 & 32 | | BEEF | |
| 11. ___ Best 3 Junior Females | 30. ___ Produce of Dam | 20. ___ 2 Females (Bred & Owned by Exh.) | 16. ___ Dam & Daughter |
| 28. ___ Best 3 Females | 31. ___ Dam & Daughter | 30. ___ 2 Bulls (Bred & Owned by Exh.) | |
| 29. ___ Dairy Herd | 32. ___ Breeder's Herd of 5 Females | 31. ___ Get-of-Sire | JUNIOR GOATS 16. ___ Dam & Daughter |
| JUNIOR DAIRY 25. ___ Dam & Daughter | | 32. ___ Jr. Get-of-Sire | |

Veterinary Consultation Relationship section MUST be completed & filed for an entry to be valid.

I attest and affirm that a "veterinary consultation relationship" – as that phrase is defined in the Animal Exhibition Sanitation Law found at 3 Pa.C.S.A. § 2501 et seq. and any amendments thereto – exists with regard to any animals I will be exhibiting.

Signature of Exhibitor _____ Date _____

Signature of Parent/Guardian _____ (If Exhibitor is under 18 years of age)

Please print name of Veterinarian _____

PHOTO RELEASE (Please check)



_____ I will allow photographs to be taken of my son/daughter and/or me that have the potential to be used in Lawrence County Fair exhibits or publications, published in local newspapers, or posted on the Lawrence County Fair web sites (including FaceBook) or other digital media.

NOTES: (stalling requests, etc)



PREMIUM CHECK NOTICE



If your premium check is to be issued in an individual's name rather than a farm name, please indicate here the name you would like used:

All Premium Checks not cashed within 60 days will become the property of the Lawrence County Fair.

| OPEN | | 4-H/FFA | | REGISTRY NAME | D.O.B. | SIRE | DAM | BREEDER | FEE \$4 per Dept |
|-------|-------|---------|-------|---------------|--------|------|-----|---------|------------------------|
| Dept. | Class | Dept. | Class | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |