

CARCASS REGISTRATION FORM

Due : July 15th

Entry Fee: \$5

____ Steer

____ Lamb

____ Hog

____ Goat

Ear Tag Number _____

Personal Information

Exhibitor Name: _____ Exhibitor #: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Club Name: _____

BUYER INFORMATION IS REQUIRED.

INCOMPLETE INFORMATION WILL RESULT IN DISQUALIFICATION!

Buyer Information

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

All animals will be processed at Whitings.

Send completed form to: Lawrence County Fair
464 Midway Road
New Castle, PA 16101

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 _____