

WALLER COUNTY FAIR MARKET ENTRY FORM

DIVISION: _____

NAME OF EXHIBITOR: _____ Grade: _____

MAILING ADDRESS: _____ City: _____ Zip: _____

HOME PHONE NUMBER: _____ Email Address: _____

CELL PHONE NUMBER: _____ Shirt Size: YS YM YL AS AM AL AXL

AGE OF EXHIBITOR AS OF 09/01/20: _____ EXHIBITOR'S DATE OF BIRTH: _____

NAME of 4-H CLUB/FFA CHAPTER: _____ **Note: Club/FFA you put on form for tag in will be the Club/FFA you will stall with during the fair. No Exceptions!!**

MOTHER'S NAME (or guardian) AT PRESIDING RESIDENCE: _____

FATHER'S NAME (or guardian) AT PRESIDING RESIDENCE: _____

ADDRESS OF LOCATION WHERE PROJECT WILL BE RAISED: _____

TAG NUMBER: _____ VAC. NO. _____ BREED _____

1ST WT. _____ PROG. SHOW WT. _____ PROG.WT.GAIN _____ FAIR WT. _____ TOTAL WT. GAIN _____

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1ST WT. _____ PROG. SHOW WT. _____ PROG. WT.GAIN _____ FAIR WT. _____ TOTAL WT. GAIN _____

Other projects you are planning to show this year. (Please check all that apply)

____ Horse ____ Broilers ____ Turkey ____ Swine ____ Goat ____ Lamb

____ Heifer ____ Steer ____ Rabbit ____ Creative Living

One Time Registration Fee \$30.00 = _____ Entries _____ x\$10.00 = _____

Total Paid Entry Fee _____

The Undersigned Exhibitor and/or Parent on oath states: I hereby release the Waller County Fair Association, its officers, directors, employees, workers and advisers from any loss, injury or damage of whatsoever kind resulting from activities associated with any Fair program. I further state that all information in the heading of this form is correct, that I have received a copy of the Waller County Fair General Rules and Regulations and a copy of the Division Rules for the division entered, and will adhere to all rules. I further understand that all projects are subject to random drug testing.

Exhibitor's Signature

Date

Parent/Guardian Signature

Date