

4-H Entry Form for all animals  
except **Horses and Poultry**

# 2009 PACIFIC COUNTY FAIR

Exhibitor's Name: \_\_\_\_\_ Member No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Club Name \_\_\_\_\_

4-H Age Division (circle):      Junior (3-5)      Intermediate (6-8)      Senior (9+)

Exhibit space is limited; therefore spaces are filled on the following priority: 1) Pacific County 4-H and FFA Entries, 2) Pacific County Open Class Entries, 3) Out of County 4-H and FFA Entries, 4) Out of County Open Class Entries

Everyone (excluding rabbit exhibitors) will supply their own feed or grain. Entries will be shown.

**Animal Species** \_\_\_\_\_ **Department** \_\_\_\_\_

Class Number	Lot	Description Of Entry	Animal's Birth date	Ear # Tattoo	Sex	Ribbon Placing	Champ Ribbon	Premium Points
<b>Total Premium Points</b>								

By signing this entry form, I state that my animal(s) meets the livestock health requirements as published in the premium book. Pacific County, Pacific County Fair and WSU Extension are held harmless from any incidents that may arise from housing your animal(s) at the Fairgrounds.

Signed: \_\_\_\_\_  
(Parent/Guardian/Legal Aged Member)

Date: \_\_\_\_\_

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# Pacific County Fair

August 26-29, 2009



Washington State University 4-H Youth Development

## Parental Consent and Release

**Participant:**

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Last Name	First Name	Telephone Number
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Address	City	State	Zip
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As a parent/legal guardian of the above individual, I hereby give my consent for the above named person to participate in 4-H sponsored activities and exhibits at the Pacific County Fair and all related activities. I also hereby waive and forever discharge claims for damages which the above listed individual, his/her heirs, executors, and administrators may have against the Washington State University Extension, their representatives, agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities at the Pacific County Fair.

In case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Pacific County 4-H Project Superintendent or their designated representative to hospitalize and secure proper treatment (including surgery) for my child.

I have read, understood and agree to the above statement and do sign this agreement of my own free will.

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Parent/Legal Guardian Name

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Parent/Legal Guardian Signature

Date

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Address

City

State

Zip