

Exhibitor's Name _____ Exhibitor's Number _____

Mailing Address _____

Phone Number _____ Grade Completed: _____

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

Club Name: _____

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

Animal Species	POULTRY	Department
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Class Number	Lot	Description of Entry	Bird's Hatch date	Sex	Ribbon Placing	Champ Ribbon	Premium Points
Total Premium Points							

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 at the Fairgrounds.

Signed _____ Date _____
(Parent, Guardian or Legal Aged Member)

As a poultry exhibitor, I hereby certify that I have read and am fully aware of the restrictions of WAC 16-54-155 regarding Exotic Newcastle Disease (END) Emergency Quarantine and will abide by this rule.

Signed _____ Date _____
(Parent, Guardian or Legal Aged Member)

Pacific County Fair

August 25~29, 2009



Washington State University 4-H Youth Development

Parental Consent and Release Form

Participant:

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.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature	Date
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Address	City	State	Zip
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Day Phone	Evening Phone
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