**\*Please note: we are updating our exhibitor data base. Please include your full mailing address and phone number. Incomplete entries will not be accepted!**

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| **Exhibitor:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Phone:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DOB:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Age (on deadline):** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Zip:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **4-H Club/ FFA Chapter:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Enter tag #-last 5 digits (example 12-345). List breeder ONLY if animal was born in Quay County**

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| **Market Swine** |  | **Market Goat** |  | **Market Lamb** |
| **Tag# (last 5 digits)** | **Breeder** |  | **Tag# (last 5 digits)** | **Breeder** |  | **Tag# (last 5 digits)** | **Breeder** |
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| **Market Steer** |  | **Breeding Heifer** |
| **Tag# (last 5 digits)** | **Breeder** |  | **Tag# (last 5 digits)** | **Breeder** | **Date of Birth** |
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| **Baker Rabbits** |  | **Meat Rabbit Pens** |
| **Pen #** | **Tattoo #** |  | **Pen #** | **Tattoo #** |
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| **Egg Layer Pen** |  | **Meat/Broiler Pen** |
| **Pen #** | **Band #** |  | **Pen #** | **Band #** |
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| **SPECIES**  | **QTY** | **$/ head** | **TOTAL**  | **FIRST YEAR FEEDERS** | **YES** |
| Market Lambs | X | **$6 =** | $ | Market Lamb (check box ) |  |
| Showmanship (Lambs) | X | **$5 =** | $ |  |  |
| Market Goats | X | **$6 =** | $ | Market Goat (check box ) |  |
| Showmanship (Goats) | X | **$5 =** | $ |  |  |
| Market Swine | X | **$6 =** | $ | Market Swine (check box ) |  |
| Showmanship (Swine) | X | **$5 =** | $ |  |  |
| Market Steers | X | **$15 =** | $ | Market Steers (check box ) |  |
| Breeding Heifer | X | **$15 =** | $ | Breeding Heifers (check box ) |  |
| Showmanship (Beef) | X | **$5 =** | $ |  |  |
| Baker Rabbit | X | **$1** | $ |  |  |
| Rabbit Meat Pen | X | **$3** | $ |  |  |
| Egg Layer Pen | X | **$3 =** | $ |  |  |
| Broiler Pen | X | **$3 =** | $ |  |  |
| **GRAND TOTAL** | $ |  |  |

I (we) hereby make application to enter the named animals, for a premium, in the classes at the Quay County Fair, subject to rules and regulation of your Fair, as published in the Quay County Fair Book, all of which I (we) have read, and agree to the provisions contained therein as part of this contract. I (we) hereby certify that the described animals were fed and conditioned by exhibitor and are eligible to be shown in accordance with the rules of the department.

The use of medication is subject to the manufacturer’s label and FDA approval. It is the responsibility of exhibitors and those who may assist them to ensure that all medications are used properly and that withdrawal times are followed prior to slaughter. Exhibitors of sale animals will be required to sign this disclosure statement. **Failure to sign this disclosure statement will forfeit your right to participate in the sale.** Exhibitors must advises Superintendents prior to administering medications at the Fair. An exhibitor may utilize any medication so long as it has FDA approval for its’ use on the specific animal and situation, and so long as withdrawal times are adhered to before slaughter.

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 EXHIBITOR SIGNATURE DATE

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 4-H AGENT or FFA ADVISOR SIGNATURE DATE

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 PARENT or GUARDIAN SIGNATURE DATE