

# TULELAKE-BUTTE VALLEY FAIR

## MARKET SWINE (to be eligible for Sale)

**Tagging Dates: July 7<sup>th</sup>, 2010 @ 6-8pm & July 11<sup>th</sup>, 2010 @ 6-7pm**

1. Complete your entry form with the information below.
2. Sign Youth Exhibitor Code of Practice (on back of entry form).
3. Sign Independent Jr. Exhibitor Affidavit on back of entry form (only if you are an independent Jr. exhibitor). (Quality Assurance Training and Liability Insurance for independent Jr. exhibitors)
4. Market Class entry fee paid: \$10.00 per entry per class.

<b><i>New!! ALL livestock must be in place by 10 pm Wed Sept. 8<sup>th</sup></i></b>	<b>Division</b>	<b>Class</b>
<b>Market Swine</b>		
4-H & Independent Market Hog, <b>215 minimum, no pay above 275 lbs.</b>	52	1
FFA Market Hog, <b>215 minimum, no pay above 275 lbs.</b>	52	2
<b>10-A District Showmanship – required to be eligible for sale</b>		
4-H & Independent Novice ( 1 <sup>st</sup> or 2 <sup>nd</sup> year of specie)	73	21
4-H & Independent Junior (age 9-13)	73	22
4-H & Independent Senior (age 14 & over)	73	23
FFA	73	24
<b>Open showmanship</b>		
Combined FFA, 4-H, & Independent Senior & 4-H & Independent Junior	74	13

## Did you complete your entry form?

- Printed Name
- Your Signature
- Your Mailing Address and Phone Number
- Division and Class Number for each entry
- Entry fee for each market animal
- Sex of Animal
- Birth date of Animal (month and year)
- Breeder's Name
- Breed of Animal
- Showmanship Division and Class Number
- Exhibitor's Birth date
- Leaders Name (Leader should not sign form until just before August 24<sup>th</sup>)
- Name of Chapter/Club
- Signature of Parent or Legal Guardian

### Weigh-In Date & Time

Wednesday, September 8, 2010

**Sheep & Goat:** 6-7pm

**Beef:** 7-8pm

Thursday, September 9, 2010

**Swine:** 8-9am

Receipt (to be completed by fair personnel)

Exhibitor Name: \_\_\_\_\_

Weigh in date: \_\_\_\_\_

Ear Tag # \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

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Ear Tag # \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Entry Complete? \_\_\_\_\_ YES \_\_\_\_\_ NO

Deficiencies: \_\_\_\_\_

Amount Paid \_\_\_\_\_ Received by \_\_\_\_\_