

TULELAKE-BUTTE VALLEY FAIR

MARKET GOAT (to be eligible for Sale)

Tagging Dates: July 6th, 2011 @ 6-8pm & July 10th, 2011 @ 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: \$15.00 per entry per class.

<i>New!! ALL livestock must be in place by 10 pm Wed Sept. 7th</i>	Division	Class
Market Goat		
Lamb, 70 lbs. Minimum, no pay above 110 lbs.	72	1
10-A District Showmanship – required to be eligible for sale		
4-H & Independent Novice (1 st or 2 nd year of specie)	84	5
4-H & Independent Junior (age 9-13)	84	6
4-H & Independent Senior (age 14 & over)	84	7
FFA	84	8
Open Showmanship		
4-H & Independent Junior (age 9-13)	85	7
4-H & Independent Senior (age 14 & over)	85	8
FFA	85	9

Did you complete your entry form?

- Printed Name
- Your Signature
- Your Mailing Address, Physical 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 15th)
- Name of Chapter/Club
- Signature of Parent or Legal Guardian
- Purchase CFSA Insurance or Proof of Homeowner Insurance

Weigh-In Date & Time

Wednesday, September 7, 2011

Sheep & Goat: 6-7pm

Beef: 7-8pm

Thursday, September 8, 2011

Swine: 8-9am

Receipt (to be completed by fair personnel)

Exhibitor Name: _____	
Weigh in date: _____	
Ear Tag # _____	Weight: _____ lbs.
Ear Tag # _____	Weight: _____ lbs.
Ear Tag # _____	Weight: _____ lbs.
Ear Tag # _____	Weight: _____ lbs.
Ear Tag # _____	Weight: _____ lbs.
Ear Tag # _____	Weight: _____ lbs.
Ear Tag # _____	Weight: _____ lbs.
Entry Complete? _____ YES _____ NO	
Deficiencies: _____	

Amount Paid _____	Received by _____