

DEPARTMENT 3 - BEEF
KELLY MYERS – SUPERINTENDENT
ANISSA KENSINGER – CO-SUPERINTENDENT

EXHIBITOR REGISTRATION INFORMATION
REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THE REQUIRED INFORMATION. **
Premium checks will be held at the fair office due to illegible/insufficient address

**EXHIBITOR NAME: _____

**PHONE LANDLINE & CELL: _____

**ADDRESS: _____

**CITY: _____ ZIP: _____

**EXHIBITOR BIRTHDATE & AGE: _____

NEW 2025: IN CASE OF AN EMERGENCY PLEASE CONTACT:

**Name: _____

**Relationship to Exhibitor: _____

**Phone or Cell: _____

NEW 2025: As The Parent/Guardian Of The Above-Named Exhibitor I Authorize The Person Named Below To Assume Responsibility Of My Child Should I Not Be Able To Be Present To Assist During Shows.

**Name: _____

**Relationship to Exhibitor: _____

**Phone or Cell: _____

**SIGNATURE OF PARENT/GUARDIAN: _____

Department 3

LIVESTOCK ENTRY FORM

Entries Close: Tuesday, July 15, 2025 - Registration is \$5.00 Per Head

1. Registrations will not be accepted after due date unless approved by the Fair Office.
2. Animals registered but not exhibited will be penalized \$25. The penalty will be charged to the exhibitor.
3. Entries cancelled on or before Aug. 15th must be of written email notification to ccfair.verizon.net and will not be penalized.
4. Lanyard Information may be found at the front of this book in Rules & Regulations
5. Livestock Vehicle Passes are handled by Tim Mullen

Depart.	Section	Class	TAG #'s	Description	Fees
10	308	97	--	STALL DECORATIONS	00.00
3					
3					
3					\$
3					\$
3					\$
3					\$
3					\$
3					\$
3					\$
3					\$

I attest and affirm that a "Veterinary Client Patient Relationship" at 3 Pa. C.S.A. §2501 et seq. and any amendments thereto "exists with regard to any animals I will be exhibiting.

**Vet Name: _____ **Phone: _____

I HAVE READ AND AM AWARE OF ALL THE RULES AND REGULATIONS.

I understand as an exhibitor it is my responsibility to care for my animal throughout fair week and that I am solely responsible for any loss, injury, damage done or occasioned by or arising from any exhibit I have entered. I shall indemnify and hold harmless the American Legion County Fair against such loss, injury or damage.

I Agree to Abide by the Code of Show Ring Ethics & Understand that all Judge Decisions Are Final.

****EXHIBITOR SIGNATURE:** _____

****IF UNDER THE AGE OF 18 PARENT/GUARDIAN SIGNATURE:** _____