

DEPARTMENT – 6 - OPEN CLASS GOATS
JIM DOROFY 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: _____ **STATE, ZIP: _____

** BIRTH DATE & AGE (EXHIBITORS UNDER 18 YEARS): _____

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: _____

NEW 2025: Pens are assigned according to available space. Special requests must be noted on this form and will be taken into consideration.

LIVESTOCK ENTRY FORM

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

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

Depart.	Section	Class	TAG #'s	SCRAPIE NUMBER	DESCRIPTION	Fees
10	607	71	--	--	Stall Decorations	--
6						\$
6						\$
6						\$
6						\$
6						\$
6						\$
6						\$
6						\$
6						\$
TOTAL						\$

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:** _____