

DEPARTMENT 10 - 4-H & VOCATIONAL  
DAIRY CATTLE  
Jan Itle – 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 (Exhibitors under 18): \_\_\_\_\_

**In Case Of An Emergency  
The Following Information is Required By Our Insurance Provider**

\*\*Name: \_\_\_\_\_

\*\*Relationship to Exhibitor: \_\_\_\_\_

\*\*Phone or Cell: \_\_\_\_\_

**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.**

\*\*Name: \_\_\_\_\_

\*\*Phone or Cell: \_\_\_\_\_

\*\*Signature Of Parent/Guardian: \_\_\_\_\_

