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| Type of Show (Circle one): | **4H** | **FFA** | **Independent** | Club or Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Select Species:

* Market Beef
* Market Calf
* Market Sheep
* Market Goat
* Market Swine
* Market Rabbit Meat Pen
* Breeding Rabbit
* Horse

Exhibitor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: If this form is not completely, correctly and legibly filled out and signed, the exhibitor may be eliminated from the show***.

* **Special Penning Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note Entries will not be accepted without the following signatures.*** I agree to abide by all the guidelines, rules, and conditions contained by the Colorado River Fair and State of California Fairs and Expositions. I further understand that such rules and guidelines are incorporated with and become part of this agreement. I hereby release the Colorado River Fair and the State of California from all liability of every kind and character on account to loss, damages, or injury to property which I may have on grounds.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Entry Number** | **Div#** | **Class#** | **Name of Animal or title of exhibit** | **Tag #, Animal ID,**  **Tattoo #** | **Breed** | **Sex** | **DOB** |
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Mail Entry Forms to:

Colorado River Fair

591 N. Olive Lake Blvd.

Blythe, CA 92225

P: (760) 922-3247 F: (760) 922-6196

Exhibitor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor/ Leader :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_