

## BEEF DEPARTMENT ENTRY FORM

Please Fill Out One Entry Form For Each Project Animal

Exhibitor's Name: \_\_\_\_\_ County \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Contact Email : \_\_\_\_\_

4-H/ FFA Age as of Sept. 30, 2026: \_\_\_\_\_ First Year Exhibitor: \_\_\_\_\_ Yes \_\_\_\_\_ No

### PLEASE CHECK THE APPROPRIATE BOX BELOW

MARKET STEER/SALE \$25	
MARKET STEER/NON-SALE \$8	

REGISTERED HEIFER \$8	
COMMERCIAL HEIFER \$8	
COW/ CALF PAIR \$16	

Entry Fee Enclosed: \$ \_\_\_\_\_ Entry fees non-refundable. Late entries: Fees will be doubled.

Ear Tag #: \_\_\_\_\_

Breed of Animal: \_\_\_\_\_

Name of Animal: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Is Project Animal Eligible to be shown as Bred and Owned?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**The Next Section Is For A Registered Heifer or Any Cow/ Calf Pair Only. Any entry form for Registered animals without tattoo #s or registration #s filled in will automatically be entered as a Commercial animal.**

Tattoo LE: \_\_\_\_\_

Tattoo RE: \_\_\_\_\_

Registration # \_\_\_\_\_

Birthdate: \_\_\_\_\_

Sire Name: \_\_\_\_\_

Registration # \_\_\_\_\_

Dam Name: \_\_\_\_\_

Registration # \_\_\_\_\_

Name of Breeder: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Calf Name (Cow/Calf Classes): \_\_\_\_\_

Registration # \_\_\_\_\_

Calf Birthdate (Cow/Calf Classes): \_\_\_\_\_

Calf Sex: \_\_\_\_\_ M \_\_\_\_\_ F

**All registered heifers and registered cow/ calf pairs MUST have a copy of their registration paper attached to this form. NO LATE registration papers will be accepted! Registered animals without registration papers will automatically be entered as a Commercial animal.**

**Responsibility:** Neither the show nor sponsors will be responsible for any accident or injury to the person or property of any exhibitor, spectator, attendant, or any other person. The exhibitor and his representative hereby agree to abide by all rules and decisions of the show, including the entry system. Exhibitor and/or parent or guardian hereby attests that they have read the rules for this event.

\_\_\_\_\_  
Signature of Exhibitor (Required)

\_\_\_\_\_  
Signature of Parent (Required)

**Make Checks Payable To: CMR Farm Show**

**Please mail by 6/06/2026 to:**

**Kristen Clate**

**451 Rudasill Mill Road**

**Woodville, Va. 22749**

### **For Office Use Only**

Date Received: \_\_\_\_\_

Non-Sale Animals \$8.00 x \_\_\_\_\_ = \_\_\_\_\_

Sale Animals \$25.00 x \_\_\_\_\_ = \_\_\_\_\_

Total Entry Fees Paid: \_\_\_\_\_ Cash / Check# \_\_\_\_\_