## **Cleveland Livestock Show**

## **Off Premises Request Form**

All request must be submitted by the date listed in the schedule of events. Incomplete forms will not be accepted. Mail completed form to: CLS

c/o Hardship Committee PO Box 697 Cleveland, Texas 77328

## **SECTION 1**

Name:		Phone:			
		Email			
Address:		Address:			
City:		_State:	Zip: _	_	
Club/Chapter:		Advisor:			
Market/Breeding Division	on Entered:				
	SE	CTION 2			
Physical Address where	animal is kept:				
Directions to this addres	SS:				
Reason for Off Premises	Request:				
exhibitor's residence. Al	SE rstand that all Animals must I market entries can be visite esidence and the Hardship Co	ed at least one tim	ne during the feed	ling period. If entry is	
Applicant's Signature				Date	
Parent's Signature				Date	
Property Owner's Signat			Date		
*********	****** COMMI	TTEE USE ONLY *	*****	*****	
CLS Initials	Date Rcvd:		Approved	Denied	
Reason for Denial					