

Return Entry Form & Check for All Fees Payable To:

AMERICAN LEGION COUNTY FAIR

P O Box 147, 883 North Julian St.
Ebensburg, PA 15931

Registration is \$5.00 per head. Registrations are not accepted without the entry fee. All fees are non-refundable. Registrations submitted after July 14th will not be accepted. **SUBSTITUTIONS / CHANGES WILL NOT BE ACCEPTED AFTER AUGUST 15TH.**

For each animal entered but not exhibited a penalty of \$25 will be charged to the exhibitor. **Entries that are cancelled on or before Aug. 15, must be of written notification to ccfair.verizon.net** and will not be penalized.

All stalls must be cleaned upon the exit of your animal. It is not the superindendants responsibility to clean stalls, the exhibitor is responsible. Failure to comply will result in premium checks being held.

Entries will be released from the barn at 7 pm the last Saturday of fair week. Stall decorations must remain on display and maintained until the animals leave the grounds.

Each exhibitor is responsible for lanyard registrations. Lanyard form links are located on our website <https://cambriacofair.com/> or <https://sites.google.com/view/american-legion-co-fair/home> If you have any problems accessing these sites please email us at **ccfair@verizon.net**.

Lanyard registrations submitted after July 14th will not accepted. Exhibitor Lanyards are \$10 and Family Lanyards are \$20 each.

NEW LANYARD DISTRIBUTION: Lanyards must be paid for and picked up at the fair office Aug. 21 - 25 Monday thru Friday 9 to 4 or Saturday August 19th 12 to 4 pm. **Lanyards will not be available Livestock check-in day.**

In/Out vehicle passes will be handled by Tim Mullen directly and not at the fair office.

The exhibitor is responsible for providing a Complete Name and mailing Address. Premium checks will be held at the fair office due to illegible / insufficient addresses. Returned checks will not be reissued.

Name: _____ **Phone:** _____

Address: _____

City: _____ **State, Zip:** _____ **Date of Birth:** _____

Parent/Guardian: _____ **Club Name:** _____

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.

(Must be included - PLEASE PRINT)

Vet Name: _____ **Phone #:** _____

IT IS YOUR RESPONSIBILITY AS AN EXHIBITOR TO READ AND BE AWARE OF ALL RULES AND REGULATIONS

Department 10 (4-H & Vocational)

SWINE

I understand as an exhibitor 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

MARKET ANIMALS ONLY - No class number to be added on the form. Classes will be determined at weigh-in.

Depart.	Section	Class			Description	Fees
10	506	61			Stall Decorations	-0-
10	22	01	--	--	Premier Showman	-0-
10	22	02	--	--	Premier Stockman	-0-
10	504		--	--	Stockman	-0-
10	505				Showman	-0-
Depart.	Section	Class	TAG #'s	Breed	RFID NUMBER	Fees
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
TOTAL						\$
ANY EXHIBITOR NOT SUPPLYING A RFID # BY 5 PM BY AUGUST 28th WILL BE DENIED ENTRY INTO THE BARN. If not on this form e-mail to ccfair@verizon.net						

(Signature of Exhibitor)

DATE: _____

(Signature of Parent / Legal Guardian)

DATE: _____