

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 15<sup>th</sup> will not be accepted. SUBSTITUTIONS / CHANGES WILL NOT BE ACCEPTED AFTER AUGUST 15<sup>TH</sup>.

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, 2021, must be of written notification to ccfair.verizon.net** and will not be penalized.

Due in part by the state government cutbacks or circumstances that adversely affect the receipts of the fair. The American Legion County Fair Board reserves the right to prorate the funds available for Premiums. Payment on a prorated share, though less than the amount advertised, shall constitute a full and complete discharge of any premium obligation.



Each exhibitor is responsible for lanyard registrations on the new Lanyard form. All Registrations will be taken care of at the fair office. Lanyard distribution will be Saturday, Livestock Check-in Day, under the large tent.

In/Out vehicle passes must be registered on the new Vehicle Registration form and will be handled at the fair office. Vehicle pass distribution will be Saturday, Livestock Check-in Day, under the large tent.

*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 #: \_\_\_\_\_

**Department - 10 4-H & Vocational**

**SHEEP**

**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**

<i>Depart.</i>	<i>Section</i>	<i>Class</i>	<i>TAG #'s</i>	<i>Breed</i>	<i>Articles: Use Wording-Premium Book</i>	<i>Fees</i>
10	406	44	--	--	Stall Decorations	--
10	405		--	--	Showman	--
10	22	01	--	--	Premier Showman	--
10	22	02	--	--	Premier Stockman	--
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
<b>TOTAL</b>						<b>\$</b>

\_\_\_\_\_  
*(Signature of Exhibitor)*

DATE: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Parent / Legal Guardian)*

DATE: \_\_\_\_\_

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