

CHECK ONE:

CATTLE

SHEEP

GOAT

# KIMBERTON COMMUNITY FAIR - Livestock Entry Form

**Submit Form and Fees with Livestock Entry Form. Checks payable to: "Kimberton Community Fair"**

Pre-registration: MAIL: 2860 Harmonyville Rd, Elverson, PA 19520  
ONLINE: www.kimbertonfair.org to enter directly through website

**FEES:** Cattle \$2.25/head; Sheep/Goats = \$1.75/head

Office Use Only  
No. \_\_\_\_\_

**Complete entire form. All Entries must be pre-registered and paid. Deadline: JULY 15. Entries close when stalls are full.**

**NOTE: Market Lambs & Market Goats are to be included on this same form**

Exhibitor Name: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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

First-Time Exhibitor? YES  NO

City, State, Zip: \_\_\_\_\_

*only if age 19 & under*

**USE A SEPARATE FORM FOR EACH ANIMAL BREED (forms may be photocopied)**

IDENTIFY BREED: \_\_\_\_\_

| OPEN SHOW |         |       | 4-H SHOW |         |       | ANIMAL ENTRY'S NAME | Entry Registry # | Sex | Entry Birthdate | Sire Registry # | Dam Registry # | FEE |
|-----------|---------|-------|----------|---------|-------|---------------------|------------------|-----|-----------------|-----------------|----------------|-----|
| DEPT.     | SECTION | CLASS | DEPT.    | SECTION | CLASS |                     |                  |     |                 |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |
|           |         |       |          |         |       |                     |                  |     | ____/____/____  |                 |                |     |

I have read, understand and agree to abide by and uphold the General and Entry Rules and the new Health requirements, and have indicated my agreement by affixing my signature below.

I attest and affirm that a "veterinary-consultation relationship" – as that phrase is defined in the Animal Exhibition Sanitation Law found at 3 Pa.C.S.A. § 2501 et seq. and any amendments thereto – exists with regard to any animals I will be exhibiting. List Consulting Veterinarian's Name: \_\_\_\_\_ Veterinarian's Phone Number: \_\_\_\_\_

\_\_\_\_ **CHECK HERE IF** Animals are being entered with a Certificate of Veterinary Inspection (CVI)

Exhibitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent Signature \_\_\_\_\_ 4-H Leader Signature: \_\_\_\_\_  
for exhibitors under age 18 for exhibitors in Dept. 10

