



# KIMBERTON COMMUNITY FAIR - Market Lamb Entry Form

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

Office Use Only No. _____
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Pre-registration: **MAIL:** 651 County Park Road, Pottstown, PA 19465  
**ONLINE:** www.kimbertonfair.org to enter directly through the website

**FEES:** Market Lambs/Market Goats = \$1.50/head

All Entries must be pre-registered and paid by deadline: JUNE 30

Exhibitor Name:

Mailing Address:

City, State, Zip:

Telephone: (  )  E-Mail:

Birthdate:  /  /  First-Time Exhibitor? YES  NO

*only if age 19 & under*

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

**IDENTIFY BREED:**

4-H SHOW		ANIMAL ENTRY'S NAME	Entry Registry #	Entry Birthday	Sire Registry #	Dam Registry #	FEE
DEPT.	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.

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

# KIMBERTON COMMUNITY FAIR - Market Goat Entry Form

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

Office Use Only No. _____
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Pre-registration: **MAIL:** 651 County Park Road, Pottstown, PA 19465  
**ONLINE:** www.kimbertonfair.org to enter directly through the website

**FEES:** Market Lambs/Market Goats = \$1.50/head

All Entries must be pre-registered and paid by Deadline: JUNE 30

Exhibitor Name:

Mailing Address:

City, State, Zip:

Telephone: (  )  E-Mail:

Birthdate:  /  /  Social Sec. #:  -  -

*only if age 19 & under* *required to claim \$600 or more in premiums*

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

**IDENTIFY BREED:**

4-H SHOW		ANIMAL ENTRY'S NAME	Entry Registry #	Entry Birthdate	Ram Registry #	Doe Registry #	FEE
DEPT.	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.

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