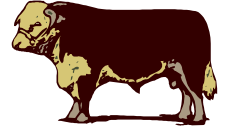


POLK COUNTY YOUTH FAIR
 mailing address - P O BOX 9005, DRAWER HS03, BARTOW FL 33831-9005
 street address - 1702 Highway 17 South, Bartow, FL 33830
 (863) 519-8677, ext. 116



2010 BEEF BREEDING ENTRY FORM
ENTRY DEADLINE - MONDAY, NOVEMBER 2, 2009

***\$10.00 Beef Breeding Entry Fee due with entry form.**

PRINT OR TYPE ALL INFORMATION ON ENTRY FORM! Use black or blue ink only.

Student School ID # _____ Your Birthdate ____/____/____ Your Age as of January 1, 2010 _____

Last Name _____ First Name _____ Middle Initial _____

Telephone Number _____ e-mail: _____

Mailing Address _____

City/Town _____ Zip Code _____

Club/Chapter Name _____

School Attending _____ Grade in School _____

Are you exhibiting as a (please check one): 4-H member FFA member FCCLA member

Parent/Guardian Name _____

IF YOU DO NOT OWN ANIMALS LISTED, YOU MUST ATTACH LEASE AGREEMENT TO ENTRY FORM FOR ENTRY TO BE VALID . EACH EXHIBITOR IS ALLOWED TO ENTER SIX ANIMALS BUT CAN SHOW ONLY FOUR, WITH ONLY ONE ENTRY PER CLASS. EACH EXHIBITOR MUST SHOW HIS/HER OWN ANIMAL IN THE CLASS WHICH THEY ARE ENTERED.

Breed of Animal	Male or Female	Animal's Date of Birth	Animal's Registration Number & Tattoo	Do you own animal(s)? Yes or no

I certify that I am the above named exhibitor and have cared for the beef animal(s) listed above the past year and that I am a member in good standing of the organization listed above. **I HAVE READ AND UNDERSTAND THE 2010 YOUTH FAIR RULES AND REGULATIONS AND AGREE TO ABIDE BY SAID RULES.** I hereby affirm that all statements on this entry are true and correct.

Date _____ Exhibitor's Signature _____

I certify that I have complete knowledge of this entry and authorize my child to enter. I also certify that the above named exhibitor has cared for the beef animal(s) listed above and that he/she is a member in good standing of the organization listed above. **I HAVE READ AND UNDERSTAND THE 2010 YOUTH FAIR RULES AND REGULATIONS.**

Date _____ Parent/Guardian's Signature _____

I certify that the above named exhibitor is a member in good standing of the organization listed above.

Date _____ Teacher/Leader's Signature _____

****All signatures are mandatory for entry form to be valid.**