

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.

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

The exhibitor is responsible to clean stalls **daily** and upon the exit of your animal. **Failure to comply will result in premium checks being held.**

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**.

**The registration now has payment enabled online and is required during the order process. Pick up will be at the fair office Saturday August 17<sup>th</sup> 12 to 2 pm. or Aug. 19 - 23 Monday thru Friday 9 to 4 pm.**

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.*

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

**I Agree to Abide by the Code of Show Ring Ethics & Understand that all Judge Decisions Are Final**

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)**

**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.

**MARKET ANIMALS** - 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	504		--	--	Stockman	-0-
10	505				Showman	-0-
Depart.	Section	Class	TAG #'s	Barrow / Gilt	RFID NUMBER	Fees
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
10						\$
<b>TOTAL</b>						<b>\$</b>

**ANY EXHIBITOR NOT SUPPLYING A RFID # BY 5 PM BY AUGUST 14<sup>th</sup> WILL BE DENIED ENTRY INTO THE BARN.** If not on this form e-mail to ccfair@verizon.net

**AS PER THE BOARD OF DIRECTORS, exhibitors violating the Livestock General Rules, Open Class or Department 10 Livestock Rules, will result result in the following disciplinary actions.**

- 1. Exhibitor will be given a verbal warning.**
- 2. Exhibitor will be given a written warning.**
- 3. Exhibitor will be pulled from the class/show.**

**It is the responsibility of the Superintendent to confer with the Office/Fair Board upon taking action.**

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

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

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

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