

# OTSEGO COUNTY FAIR ASSOCIATION INC.

P.O. Box 469  
 Morris, New York 13808  
 Phone (607) 263-5289  
 Fax (607) 263-5215

## Livestock Entry Form

Use This Form For the Following Departments:

**Dept. B: Beef, Dept. BB: Dairy, Dept. C: Sheep, Dept. D: Rabbits, Dept. E: Goats, Dept. F Swine, Dept. P: Poultry**

Mail to: Entry Clerk, Otsego County Fair (Address Above)

**Please use a separate entry form for each department.**

Refer to Premium Book for Entry Time (Winner's premium checks will be sent to the address on this form within 60 days of the close of the fair).

Please enter me for the articles named herein, subject to the rules and regulations in your Premium List to which I agree:

**Department Letter:** \_\_\_\_\_

**Please Print Legibly!**

Exhibitor's/Farm Name: \_\_\_\_\_

Name on Premium Check: \_\_\_\_\_

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

(if different from Exhibitor/Farm Name)

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Section	Class	1: Animal Name 2: Sire (If Applicable)	Tattoo #	Registration #	Birthdate	Entry Fee	Bred By Exhibitor

Pens/Stalls Needed \_\_\_\_\_ x \$3.00 = \_\_\_\_\_

Exhibitor Entry Statement: I have read and understand, consent to, and agree to abide by the IAFE (International Association of Fairs and Expositional Code of Show Ring Ethics as stated in the premium list of this event. A separate copy may be obtained on request from show organizer.

Exhibitor: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
(Owner Exhibitor, Fitter, Trainer, or absolutely responsible person)

Date: \_\_\_\_\_

Entry Fees	
Stall/Pens	
Exhibitor Pass	
Helper Pass	
Barn Pass	
Camper/Tent	
Total	

**Arrival on fairgrounds Sunday Noon-4pm or Monday 8:30am- 7pm ONLY!**

**Livestock Exhibits may be removed as follows: Cattle 6:30pm, Sheep & Swine 7:30, Goats 8pm.**

Check entry clerk's calendar for entry closing dates.

Make all checks payable to: Otsego County Fair.

All Premium checks must be cashed within 60 days of date on check.