

**BUTLER FARM SHOW 625 EVANS CITY ROAD, BUTLER, PA 16001**

# **MARKET ANIMAL ENTRY FORM**

**USE THIS FORM ALSO FOR LEAD LINE, SHOWMANSHIP & PEEWEE, TRACTOR HANDLING.**

DATE: _____	<i>OFFICE USE ONLY</i>				
VET: _____	LIAB: _____	CAMPER: _____	CASH/CHECK: _____	FEES: _____	# OF ENTRIES: _____

**CIRCLE SPECIES:      **BEEF**      **LAMBS**      **SWINE**      **GOATS****

Name \_\_\_\_\_ Exhibitor No. \_\_\_\_\_

EMAIL \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**READ AND SIGN THIS ENTRY FORM. (May be disqualified if not completed.)**

Exhibitors must have a Butler Farm Show Exhibitor's number. Call the office in July if you need it or a new number.

Anyone removing exhibits before the designated times will forfeit their premiums and may jeopardize future entries.

Exhibitors will comply with all directions given by a Director, Farm Show Official, or any police or security officer. Failure to immediately comply with directions will be cause for the exhibitor to be disqualified and be prohibited from entering future Butler Farm Shows.

**PHOTO RELEASE (Please check)**

\_\_\_\_\_ I will allow photographs to be taken of my son/ daughter and/or me that have the potential to be used in Butler Farm Show exhibits or publications, published in local newspapers, or posted on Butler Farm Show websites (including FaceBook) or other digital media.

**EXHIBITOR DISABILITY ACCOMMODATION (Please check) Refer to Rule 8 on Page 83.**

\_\_\_\_\_ I will require assistance to exhibit my entry.

Assistance needed: \_\_\_\_\_ (Be Specific)

My designated assistant is \_\_\_\_\_.

**"I attest and affirm that a Veterinarian-Client-Patient-Relationship - as that phrase is defined in the Veterinary Medical Practice Act - exists with regards to the animals I will be exhibiting."**

**Print vet's name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

***I have read and agree to abide by the Rules for All Exhibitors, for Livestock Exhibitors, Care Guidelines, Code of Ethics, and all rules and regulations in the premium book of the BUTLER FARM SHOW.***

**Signature of Exhibitor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **(REQUIRED IF EXHIBITOR IS UNDER 18)**

# ENTRIES ARE DUE JULY 14.

**ALL CLASSES MUST BE PRE-ENTERED.  
NO RINGSIDE ENTRIES ACCEPTED.**

Use a separate entry blank for EACH EXHIBITOR and EACH SPECIES.

Exhibitors may show 2 market beef, 2 market hogs, 2 market goats and 3 market lambs.

Use one line for each animal. **MUST INCLUDE TAG #.**

Enter the Market Section number (330, 430, 530, 630) in the first column.

Check the columns for Home Bred &/or County Bred.

Enter the Ultrasound Section number (335, 435, 535, 635) in the next-to-the-last column if animal is to be entered also in the ULTRASOUND class (\$10.00 entry fee).

See page 99 in premium book for complete explanation and rules.

MARKET SECTION #	SPECIES	TAG	HOME BRED	Co. BRED	ULTRA-SOUND SECTION #	FEE FOR ULTRA-SOUND
		1.				
		2.				
		3.				

Number of grooming chutes \_\_\_\_ and/or stands \_\_\_\_ you are bringing to the show.

*If you decide not to bring any of your entries, please notify the office.*

**SHOWMANSHIP: (CHECK) YES \_\_\_\_ SECTION # \_\_\_\_ CLASS # \_\_\_\_ NO \_\_\_\_**

**Junior exhibitor's age as of January 1 this year: \_\_\_\_**

**TRACTOR HANDLING Dept. 10 Section 10 Class # 1. YES \_\_\_\_ NO \_\_\_\_**

**LEAD LINE Dept. 4 Section 22 Class # \_\_\_\_**

**MY PRIMARY 4-H CLUB IS \_\_\_\_\_.**

**EXTRA CLASSES FOR GOATS**

HOUSEKEEPING (650): (CHECK) YES \_\_\_\_ NO \_\_\_\_ COSTUME (660): YES \_\_\_\_ NO \_\_\_\_

CART (670): (CHECK) YES \_\_\_\_ Class # \_\_\_\_ NO \_\_\_\_ OBSTACLE (680): YES \_\_\_\_ NO \_\_\_\_

***READ AND SIGN THE OTHER SIDE OF THIS FORM. (UNSIGNED FORMS WILL BE RETURNED TO YOU.)***

**DROP OFF AT THE OFFICE OR MAIL BY JULY 14 to  
BUTLER FARM SHOW 625 EVANS CITY ROAD BUTLER, PA 16001.  
Entries must include your SIGNED ENTRY FORM AND WAIVER OF LIABILITY.**