

**SENIOR LIVESTOCK ENTRY FORM**

Date \_\_\_\_\_

**MENDOCINO COUNTY FAIR & APPLE SHOW  
PO BOX 458  
BOONVILLE, CA 95415**

**LEGAL OWNER:** \_\_\_\_\_ **SIGNATURE OF LEGAL OWNER OR AGENT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DIVISION:** \_\_\_\_\_ (one division per form) **BREED:** \_\_\_\_\_ **DATE OF ENTRY:** \_\_\_\_\_

EXHIBITOR TAG #:	CLASS	ANIMAL NAME	SEX	TATTOO, TAG, NOTCHING	BIRTH M/D/Y	REG. NO.	SIRE REG. NO.	DAM REG. NO.	ENTRY FEE	OFFICE USE ONLY FEE PAID
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
<b>INSURANCE (LARGE ANIMAL \$5, SMALL ANIMAL \$3):</b>										
<b>PENS OR TIE STALLS NEEDED: _____ @ \$1 each:</b>										
<b>TOTAL ENTRY FEES:</b>										

Please accept the entries (property) described herein. I am the owner of the property specified herein or the supervisor of the project with authorization to act as agent and to bind owners of the property in all matters herein. I have read, understand, and agree to abide by all the rules and regulations governing the Fair entries, as published in the original Exhibitor's Handbook. I agree to indemnify, defend and hold harmless the Mendocino County Fair, its officers, agents, and employees, the county, and the State of California from and against any liability, claim, loss or expense (including reasonable attorneys' fees) arising out of any injury or damage, which is caused by, arises from or is in any way connected with my participation in the Fair, excepting only that caused by the sole active negligence of the Fair. The Fair Management shall not be responsible for accidents or losses that may occur to any of the exhibitors or exhibits at the Fair. The exhibitor (or parent or guardian of a minor) is responsible for any injury or damage resulting from the exhibitor's participation in the program or event. This includes any injury to others or to the exhibitor or to the exhibitor's property.

**EXHIBITOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REGISTRATION PAPERS CHECKED BY:** \_\_\_\_\_ **INSURANCE VERIFIED BY:** \_\_\_\_\_

**RECEIPT NUMBER:** \_\_\_\_\_ **EXHIBITOR NUMBER:** \_\_\_\_\_