

For Office Use Only:
Last Name: _____

MARKET BEEF ENTRIES ONLY

ONE FORM PER EXHIBITOR NAME

FREMONT COUNTY 35th SPRINGTACULAR JUNE 7 - 9, 2019

ENTER ONLINE AT:
www.fremontcountyfair.org

PLEASE CHECK AND CIRCLE

AGE: AS OF JAN. 1, 2019

(Used for Showmanship) ___ Junior (8-12 yrs) ___ Intermediate (13-15 yrs) ___ Senior (16-19 yrs)

ENTRIES MUST BE POSTMARKED BY JUNE 4, 2019 TO AVOID LATE FEES

BEEF: BREED	SEX M or F	SATURDAY SHOW 1	SUNDAY SHOW 2	WSF TAG NO.
1)				
2)				
3)				
4)				
5)				

ENTRY FEE SUMMARY

	<u>Saturday (1)</u>	<u>Sunday (2)</u>
Beef Showmanship	_____ @ \$15.00 \$ _____	
Entry Fee: (per head per show) \$ _____	_____ @ \$25.00 \$ _____	_____ @ \$25.00
Clean Up & Disposal Fee (one-time fee per head)	_____ @ \$3.00 \$ _____	
Processing Fee (Non-Online Entry)	one @ \$6.00 \$ _____	
	(1) Subtotal \$ _____	(2) Subtotal \$ _____

TOTAL FEES ENCLOSED (both days) \$ _____

Late Entry Processing Fee
(after June 4) one @ \$20.00 = \$ _____
\$ _____

On Site Entry: Late Fee (Saturday Only)
(additional fee, per head) _____ @ \$10.00 =
\$ _____

Complete payment of fees must accompany entries. Any check (s) not clearing their account for any reason, will have a \$50.00 returned check fee assessed, paid with a money order, to be eligible to show.

More info at our website:
www.fremontcountyfair.org

Make checks payable to and send to: Fremont County Springtacular,
1010 Fairgrounds Drive, Riverton, WY 82501

Please accept the entry as listed above, subject to the rules and regulations governing exhibits at the Fremont County Springtacular Jackpot Show, by which I agree to be governed. We the undersigned do hereby release any and all persons associated with the Fremont County Spring Fair, Fremont County Fair Board and Fremont County, from all liabilities, losses of damage to exhibitor or property of exhibitor. I further declare that all statements made in connection with said entry are true.

Signature of Exhibitor**

Printed Exhibitor Name**

Age as of Jan. 1, 2019**

Signature of Parent or Guardian **

Street Mailing Address**

Signature of Parent or Guardian**

City**

State**

Zip**

Email Address**

Home Phone Number

Cell Phone Number**

PLEASE PRINT LEGIBLY AND FILL IN ALL FIELDS ABOVE.

**REQUIRED FIELDS