



# Washington County Fair

## 2019 Bucket Calf Entry Form

### \$35 Entry Fee

#### Exhibitor Information

Exhibitor Name \_\_\_\_\_ Exhibitor Birth Date \_\_\_\_\_

Email #1 \_\_\_\_\_ Grade for 2019-  
2020 school year \_\_\_\_\_

Email #2 \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address  
where the calf  
will be kept if  
different from home  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Preferred  
Mentor Name (no  
siblings, please):  
\_\_\_\_\_

T-Shirt Size (circle  
one) Youth Size:      **X-Small**      **Small**      **Medium**      **Large**      **X-Large**

#### Authorization

I have received and read the Bucket Calf Program Contest Rules & Information Sheet. I have also read and understand the Rules and Regulations of the Washington County Fair Association and the Code of Show Ring Ethics including the NO Pass-NO Play policies, and the Substance Avoidance Program and by signing I agree to adhere to these rules.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entry Fee: \$35

**Entries Due:** Monday, April 1, 2019 to the Washington County Fair Office **OR** at informational meeting on March 24, 2019.

**Make Checks Payable to: Washington County Fair – Attn: Bucket Calf Program**

#### **For Washington County Committee Use Only**

Payment rec'd by:	_____	Indicate payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #
Record Log Turned In and Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reviewed	_____	