Mail to:
$4.00 per person registration fee required.

# West End Fair Association

P.O. Box 115
Gilbert, PA 18331

Attention: Livestock Department

**Maximum 25 entries per exhibitor per department**

## DIVISION LIVESTOCK
## Entries close July 23, 2019

Exhibitor's Name _____

Mailing Address _____

_____

Phone No. _____

Township you live in _____

I hereby state I am a resident of Monroe County.

_____
Exhibitor's Signature

☐ Please check box if you are a new exhibitor.

☐ Please check box if your address or phone number has changed.

Number of stalls required _____.

***IMPORTANT***: Please read General Rules and Regulations for Livestock.

| DEPT. NUMBER | SECTION NUMBER | BREED NUMBER | BREED | NAME OF ANIMAL | CLASS NUMBER | BIRTH DATE/AGE |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |