

EXACT CASH, CASHIER'S CHECK OR MONEY
 ORDER PAYABLE TO YMBL, **NO PERSONAL
 CHECKS WILL BE ACCEPTED**. ALL
 POULTRY ORDERS AND ENTRY FEES ARE
 NON-REFUNDABLE.

SOUTH TEXAS STATE FAIR

Fair Dates: March 26 – April 5, 2020

7250 WESPARK BEAUMONT, TEXAS 77705

www.ymb1.org

Junior Market Shows are limited to 4-H and FFA members from Jefferson, Hardin, Orange, Jasper, Tyler, Newton, Chambers Counties and the High Island School District.

JUNIOR MARKET POULTRY ENTRY & ORDER FORM

Entry Deadline Date for 2020 Show is **** October 3, 2019 ****

**** IF MAILED, ENTRIES MUST BE SENT VIA CERTIFIED MAIL AND MUST BE POSTMARKED ON OR BEFORE THE ENTRY DEADLINE DATE OR IT WILL BE CONSIDERED LATE ****

****REQUIRED FIELDS** (Please Print)

****Exhibitor's Name** _____

**** Mailing Address** _____

****City / State / Zip** _____

****Phone** _____ **Cell** _____

****EMAIL ADDRESS** _____

****Date of Birth** _____

****Club/Chapter** _____

Exhibitor may change their Club/Chapter but only in the case of an actual move.

Change is subject to approval by South Texas State Fair Management.

**** Exhibitor County of Residence** _____

ROASTERS **ordered** --- _____ x \$2.00 per bird = \$ _____

(Increments of 25) **Quantity** **Order Fee**

Roaster Pickup date is Friday January 24, 2020 4:00 p.m. to 6:00 p.m. at the YMBL Office.

BROILERS **ordered** --- _____ x \$2.00 per bird = \$ _____

(Increments of 25) **Quantity** **Order Fee**

Broiler Pickup date is Friday February 14, 2020 4:00 p.m. to 6:00 p.m. at the YMBL Office.

ROASTERS **entered** --- 1 x \$5.00 per pen = \$ _____

(Pen of 1) **Entry Fee**

BROILERS **entered** --- 1 x \$5.00 per pen = \$ _____

(Pens of 3) **Entry Fee**

Total of Order Fee & Entry Fee \$ _____

We, the Jr. Exhibitor and Parent/Legal Guardian, certify that we have read, understand and will abide by the Livestock Rules as stated in the **Exhibitor Rule Book** and all rules and regulations of the South Texas State Fair. We further certify that we have not administered and, to the best of our knowledge, the bird(s) listed above has not received any substance not approved by the FDA and/or USDA for consumption by birds. This entry is not, nor will be, within any withdrawal time relative to the administration of any drug, chemical, or feed additive approved by the FDA and/or USDA by the time the bird is officially weighed in at the show.

We agree that if the bird requires emergency treatment while on the showgrounds, only a licensed veterinarian will be allowed to administer any drug, chemical, or feed additive. The exhibitor may choose any licensed veterinarian, but the Official Show Veterinarian must be notified, **in writing**, of any treatment given. All treatment costs are the responsibility of the exhibitor. If a bird is treated by a licensed veterinarian while on the showgrounds and the medication administered exceeds fifteen (15) days withdrawal time, the bird will be disqualified and not allowed to show. If a bird is disqualified, it must be removed from the show grounds by the exhibitor immediately.

We certify that we understand that the South Texas State Fair reserves the right to condemn and/or disqualify any bird either live or slaughtered, or any bird found with a quantity of diuretic or any unapproved medication and the exhibitor will forfeit all auction sale money. If the bird is disqualified, the exhibitor will be barred. If a bird is disqualified for testing positive and/or the carcass condemned at slaughter, the class placing may be changed.

****Exhibitor's Signature**

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____, DAY OF _____, 20_____.

****Parent/Legal Guardian Signature**

****Notary Public**

I certify that, to the best of my knowledge, the certification above is correct and I have informed the exhibitor and parent/legal guardian of the consequences of stated rule violations as to the uses of drugs, chemicals or feed additives.

****County Extension Agent / Agricultural Science Teacher Signature**

****Date**

****Phone** _____ **Cell** _____

FOR LIVESTOCK SECRETARY USE ONLY

Received From – FIRST AND LAST NAME	CIRCLE FORM OF PAYMENT	Date	Amount
	Form of Payment: Cash Cashiers Check Money Order		

****Livestock Secretary Signature (Form not valid without this signature)**