

# 4-H ANIMAL ENTRY FORM



**For all animals except Horses & Poultry**

**Due August 1<sup>st</sup> in the Extension Office  
1216 W. Robert Bush Dr  
PO Box 88, South Bend, WA 98586**

## PACIFIC COUNTY FAIR

PO Box 142  
Menlo, WA 98561  
Fairgrounds Ph# 360-942-3713  
Fair Manager: Bill Monohon  
Email: bmonohon@co.pacific.wa.us  
WSU Extension Ph# 360-875-9331

Exhibitor's Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Club Name: \_\_\_\_\_

"Please remember that 4-H Age is based on how old the member was on October 1<sup>st</sup>."

**4-H Age Division (circle):** Cloverbud (age 5-7) Junior (ages 8-10) Intermediate (ages 11-13) Senior (ages 14 under 19)

**Exhibit Space Is Limited**, therefore spaces are filled on the following priority: 1) Pacific County 4-H & FFA entries; 2) Pacific County Open Class Entries; 3) Out of County 4-H & FFA entries; 4) Out of County Open Class Entries

Animal Species: \_\_\_\_\_

Class Number	Lot	Description of Entry	Animal's Birthdate	Ear # Tattoo	Sex	Ribbon Placing	Champion or Rsv Ch Ribbon	Prem Points
<b>TOTAL PREMIUM POINTS</b>								

By signing this Entry form, I state that my animal(s) meets the Livestock Health Requirements as published in the Pacific County Fair Premium. Pacific County Fair and WSU Extension are held harmless from any incidents that may arrive from housing your animal(s) at the Fairgrounds.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian/Legal Aged Member)

**ENTRY DEADLINE IS AUGUST 1<sup>ST</sup>**

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# Pacific County Fair

## Washington State University 4-H Youth Development Parental Consent and Release

### Participant:

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Last Name	First Name	Telephone Number
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Address	City	State	Zip
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As a parent/legal guardian of the above individual, I hereby give my consent for the above-named person to participate in 4-H sponsored activities and exhibits at the Pacific County Fair and all related activities. I also hereby waive and forever discharge claims for damages which the above listed individual, his/her heirs, executors, and administrators may have against the Washington State University Extension, their representatives, agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities at the Pacific County Fair.

In case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Pacific County 4-H Project Superintendent or their designated representative to hospitalize and secure proper treatment (including surgery) for my child.

I have read, understood and agree to the above statement and do sign this agreement of my own free will.

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Parent/Legal Guardian Name (print clearly)

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Parent/Legal Guardian Signature	Date
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Address	City	State	Zip
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