

BELMONT COUNTY FAIR LIVESTOCK ENTRY BLANK

NAME _____ EXHIBITOR # _____
ADDRESS _____ CITY _____
COUNTY _____ TOWNSHIP _____ PHONE # _____

All entries close at 5:00 p.m., **Saturday, August 20, 2016**. Late entries will be accepted at the discretion of the Department Superintendents and if space is available. Entries to be made with fair secretary, **Debi Ault, P.O. Box 704, St. Clairsville, Ohio 43950**. Please read carefully all rules and regulations for classes entered. **Entry forms must be complete. Use a separate entry form for domestic arts/horticulture.** All stalls are to be cleaned by the exhibitor following the removal of the animals. Failure will result in forfeiture of premiums. All entry fees must accompany entry form and checks made payable to B.C.A.S.

DEPT.	SECTION	CLASS	ANIMAL	LIVESTOCK ENTRY FEE
Example: 1	1	101	Aberdeen Angus – Aged Bull	\$5.00

Subtotal \$ _____
Processing \$ 3.00
Membership Ticket (\$20.00) - Belmont County Resident 18 Years of Age or Older \$ _____
Exhibitor Ticket (\$21.00) - Non-Belmont County Resident or Under 18 Years of Age \$ _____
Number of Extra Tack Stalls @ \$5.00 each _____ \$ _____
Total \$ _____

Number of Beef Cattle _____ Number of Dairy Cattle _____ - **List All Sires for Dairy Entries Above**
Number of Dairy Goats _____ Number of Pens Needed for Dairy Goats _____
Junior Fair Member? Yes _____ No _____ Adult? Yes _____ No _____
Pick up tags: (check one) Fairgrounds _____ Mail tags to exhibitor _____

WAIVER OF LIABILITY

I, _____, agree to defend, indemnify and hold harmless the Belmont County Agricultural Society from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed, or recovered against or from the Belmont County Agricultural Society by reason of damage to property, personal injury, or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death, arising out of my exhibiting at the Belmont County Fair.

Signature _____ Date _____

BCAS Only: Membership Ticket No. _____ Exhibitor Ticket No. _____
Receipt No. _____ Paid: Cash _____ Check No. _____