



4-H DAIRY EXHIBIT ENTRY FORM

NAME _____ DATE OF BIRTH _____

ADDRESS _____ AGE AS OF 1/1/2017 _____

TELEPHONE _____ PARENT'S NAME _____

4-H CLUB _____ DAIRY LEADER NAMES _____

FITTING & SHOWMANSHIP CLASS: Member Age as of 1/1/17

~CIRCLE ONE~

- Novice A** - 8 years of age who has never shown
- Novice B** - 9-12 years of age who's never shown
- Junior** – 11 years & under have shown previously
- Intermediate** – 12 – 14 years old
- Senior** -15 to 18 years of age
- Novice Senior** 13 years & older never shown before

ENTRY FEES	
Fitting & Showmanship:	<u>\$ 2.00</u>
Conformation:	
# animals X \$2.00	\$ _____
TOTAL AMOUNT	\$ _____
<i>Make checks payable to ACFFD</i>	

DAIRY CONFORMATION CLASS: list all dairy animal classes #1-17

MEMBER'S NAME _____ Bred by the exhibitor? _____

NAME OF ANIMAL _____ D.O.B. of animal _____

BREED OF ANIMAL _____ CLASS # & NAME _____ EARTAG/TATTOO _____

MEMBER'S NAME _____ Bred by the exhibitor? _____

NAME OF ANIMAL _____ D.O.B. of animal _____

BREED OF ANIMAL _____ CLASS # & NAME _____ EARTAG/TATTOO _____

MEMBER'S NAME _____ Bred by the exhibitor? _____

NAME OF ANIMAL _____ D.O.B. of animal _____

BREED OF ANIMAL _____ CLASS # & NAME _____ EARTAG/TATTOO _____

PLEASE LIST group classes you are entering (Classes #13 thru 17 – no cost classes)

CLASS# _____ CLASS NAME _____ CLASS# _____ CLASS NAME _____

CLASS# _____ CLASS NAME _____ CLASS# _____ CLASS NAME _____

Number & Ages of OTHER open show animals you'd like to house in 4-H barn if space available.
You will be notified later if there is room.

OVER

I understand that this activity may involve certain risks of physical activity, I nonetheless, wish to participate as a Vermont 4-H member, in the Addison County Fair & Field Days. I do so at my own risk and agree to indemnify and hold harmless the University of Vermont and State Agricultural College, the UVM Extension, Addison County Fair and Field Days and their trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of this activity. In signing, I agree to accept all responsibility for any damages, accidents, injuries, and expenses occurring to or caused by any animal or show person I have entered in this event.

4-H Member's Signature _____ Date _____

Parent/Guardian Name (please print) _____ Date _____

Parent/Guardian Signature (required for those under 18) _____

4-H DAIRY PARENTAL CONSENT/CHAPERONE FORM

To the best of my knowledge, my child is in good health and can participate in this activity. A UVM Extension Health History form or 'CE-10' is on file and has been updated as needed. This would have been submitted when enrolling as a 4-H member.

In case of Emergency:

I hereby give permission to obtain necessary medical treatment for my child in the event I cannot be reached in an emergency. I understand that I will be responsible for all expenses associated with any medical treatments.

In case of emergency contact: _____

And any home / work / cell phone numbers where they may be reached:

Name of Physician _____ Phone: _____

Address: _____

SEND ENTRIES and FEES by July 17, 2017 to:

ROBIN SEVERY
142 HEMENWAY HILL ROAD
SHOREHAM, VT 05770