

Livestock Entry Form

First come-first served

Separate entry blank required for each exhibitor and each department

Date Received _____

PLEASE PRINT

Name _____ Phone _____

Address _____ City _____ County _____ State _____ Zip _____

Dept.	Section	Class	Check if 4H	Breed	Animal Name	Birth date of Animal	Registration No. Animal I.D.

Number of sheep pens needed _____

Horses: Box Stalls _____

Tie Stalls _____

Must be returned by August 15 to:

Gina McCabe

271 Harkins Mill Road

Rochester, PA 15074