LIVESTOCK – OPEN SHOW ENTRY APPLICATION
DEADLINE JUNE 1ST

DATE RECEIVED **EXHIBITOR # _____** **EXHIBITOR FEE $12.00**
HEAD FEE _____
STALL _____
RECEIPT # _____ **PEN _____**
TOTAL _____

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Last Name _____, First Name _____, Middle Initial _____

Address _____, City/State _____, Zip _____

SS# _____/____/_____ (Required), Date of Birth _____, Age _____, Sex _____, Phone # _____

Number of: Stalls _____, Pens _____, Swine _____, Cattle _____, Sheep _____, Goats _____

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DEPARTMENT#	SECTION #	CLASS #	CLASS DESCRIPTION AS PRINTED IN PREMIUM BOOK

OVER

Saginaw County Fair, P. O. Box 449, Chesaning, MI 48616, 989-845-2143, Fax 989-845-2682
www.saginawcountyfair.org

DEPARTMENT # SECTION # CLASS # CLASS DESCRIPTION AS PRINTED IN PREMIUM BOOK

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