# KITTITAS COUNTY FAIR ENTRY FORM

**EXHIBITOR NUMBER** _____

Please Print

**NAME/LAST**_____**FIRST**_____ **PHONE**_____

**ADDRESS**_____

**CITY/STATE/ZIP**_____

**EMAIL**_____

Exhibitor is responsible for filling out exhibit identification Tag and Claim Check for all items entered. Tags are available at the Fair Office and must accompany items entered in Still Life Departments.

☐ **4-H/FFA** - CLUB NAME_____AGE_____

☐ **OPEN ADULT** - AGE: _____ **SENIOR CITIZEN:** *(60 years & over)*_____

☐ **OPEN YOUTH** - AGE: _____ SCHOOL_____

*(Please state age for auditing purposes)*

Please make entries as specified below, subject to all rules and regulations of the Kittitas County Fair (**ALL OPEN DEPARTMENTS MAY BE ENTERED ON THE SAME FORM, 4-H ENTRIES ON A SEPARATE FORM).** Please remember to bring all forms and waivers required for the Department being entered. Keep your copy for proof of entry and as a receipt of payment.

| | | | | BEEF, SHEEP, GOATS, RABBITS, POULTRY, CAVIES, SWINE | HORSE ENTRIES ONLY | PER ANIMAL |
|---|---|---|---|---|---|---|
| **Department** | **Division** | **Class** | **Use exact wording of the Class Description** | **Identification** Number of Ear, Tag, Leg Band | **Name** | **Bedding Fee** |
| 18 | 18-G | 02 | Cinnamon Rolls (3) (EXAMPLE) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**SIGNED** _____ **DATE**_____

| | |
|---|---|
| **Exhibitor Pass** | |
| **Late Fee** | |
| **Season Adult** | |
| **P.O.P.** | |
| **Livestock Parking/Other** | |
| **TOTAL** | |

The owner of exhibit(s) releases the Kittitas County Fair from any liability loss, damage or injury to livestock or other property while such property is on the Kittitas County Fairgrounds.

WWW.KITTITASCOUNTYFAIR.COM
fairgrounds@co.kittitas.co.wa.us
901 E. 7th Ave, Suite 1 | Ellensburg, Washington 98926 (7TH & Poplar)
509-962-7639

**PLEASE MAKE CHECKS PAYABLE TO: KITTITAS COUNTY FAIR (KCF)**

| **OFFICE USE ONLY** | **Reference Exhibitor #** | **Cash** | **Check** | **Credit Card** | **Notes** | **Staff Int.** | |
|---|---|---|---|---|---|---|---|
| | | **rcpt #** | **chk#** | | | | ____*of* ____ |