

BREEDING DIVISION APPLICATION
MADISON COUNTY FAIR ASSOCIATION
P. O. BOX 1151 - MADISONVILLE, TX 77864

Year _____

USE ONE CARD FOR EACH ENTRY

EXHIBITOR NAME _____ DOB: _____

ADDRESS _____
Street, P. O. Box or R.R. City Telephone

CO. 4-H or FFA CHAPTER _____ SSN: _____

SCHOOL _____ GRADE _____

NAME OF BREED _____ CLASS _____

NAME OF ANIMAL _____ REGISTRY NO. _____

DATE OF BIRTH (Imperative) _____ SEX _____

NAME OF SIRE _____ REGISTRY NO. _____

NAME OF DAM _____ REGISTRY NO. _____

I hereby make application for the above entry and agree to abide by the rules as published in the premium list.

Exhibitor's Signature

I hereby certify that the above exhibitor fed this entry under my supervision.

Supervisor's Signature

DRUG POLICY

The undersigned hereby consents and agrees that the animal described on the reverse side of this entry application may, at the discretion of the Madison County Fair Association management, be tested for unauthorized use of medication or drugs.

PAYMENT OF FAIR PROCEEDS POLICY

I authorize the MCFA to place the name of any lien holder of atrisan/craftsman or retailer for bills owing on the project on the check to be paid to the exhibitor.

Parent or Guardian

Owner or Exhibitor