



**SUWANNEE COUNTY FAIR
2017
HEIFER/COW-CALF ENTRY FORM**

ONLY ONE (1) ANIMAL PER FORM)

HEIFER _____
PLEASE CHECK ONE
COW/CALF _____

EXHIBITOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ COUNTY _____

EXHIBITOR'S DATE OF BIRTH _____

Email ADDRESS _____

ANIMAL INFO

BREED _____ DOB(COW/HEIFER) _____ DOB (calf) _____

DATE LEASED OR PURCHASED _____ ANIMAL'S NAME _____

I certify that the above animal on this entry form has been owned or leased by the exhibitor, as required by the rules of the Heifer Show at least (60) days before the show date.

I also affirm that Suwannee County Heifer Show record book will be maintained on this heifer.

Record Books can be obtained from suwanneecountyfair.org

I have read and understood the rules of the Heifer show as well as the rules of the Suwannee County Fair
And agree to abide by them.

SIGNED _____

EXHIBITOR

PARENT OR GUARDIAN

FFA ADVISOR, 4H AGENT, COUNTY AGENT

FORMS MUST BE RECEIVED BY FEBRUARY 24, 2017

MAIL TO: Suwannee County Fair

Heifer Show

P.O. Box 266

Live Oak, FL 32064

PH (386) 362-FAIR

FAX (386) 362-1980