



**SUWANNEE COUNTY FAIR  
2024  
HEIFER/COW-CALF/BULL  
ENTRY FORM**

CHAPTER ANIMALS MUST BE ASSIGNED TO AN EXHIBITOR

**EXHIBITOR'S**  
NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ SHIRT SZ \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ ENTER IN SHOWMANSHIP CLASS \_\_\_\_\_  
Y/N

\*\*\*\*\*ANIMAL INFORMATION\*\*\*\*\*

HOME GROWN \_\_\_\_\_ HEIFER \_\_\_\_\_ COW/CALF \_\_\_\_\_ BULL \_\_\_\_\_ TAG/BRAND# \_\_\_\_\_

BREED \_\_\_\_\_ DOB (COW) \_\_\_\_\_ DOB (CALF) \_\_\_\_\_ BULL \_\_\_\_\_

DATE LEASED OR PURCHASED \_\_\_\_\_ ANIMAL'S NAME \_\_\_\_\_

HOME GROWN \_\_\_\_\_ HEIFER \_\_\_\_\_ COW/CALF \_\_\_\_\_ BULL \_\_\_\_\_ TAG/BRAND# \_\_\_\_\_

BREED \_\_\_\_\_ DOB (COW) \_\_\_\_\_ DOB (CALF) \_\_\_\_\_ BULL \_\_\_\_\_

DATE LEASED OR PURCHASED \_\_\_\_\_ ANIMAL'S NAME \_\_\_\_\_

HOME GROWN \_\_\_\_\_ HEIFER \_\_\_\_\_ COW/CALF \_\_\_\_\_ BULL \_\_\_\_\_ TAG/BRAND# \_\_\_\_\_

BREED \_\_\_\_\_ DOB (COW) \_\_\_\_\_ DOB (CALF) \_\_\_\_\_ BULL \_\_\_\_\_

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 and show info can be obtained from [suwanneecountyfair.org](http://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

FORMS MUST BE RECEIVED BY FEBRUARY 23, 2024

MAIL TO: Suwannee County Fair  
Heifer Show  
P.O. Box 266  
Live Oak, FL 32064  
PH (386) 362-FAIR  
FAX (386) 362-1980

\_\_\_\_\_  
PARENT OR GUARDIAN  
\_\_\_\_\_  
FFA ADVISOR, 4H AGENT, COUNTY AGENT