

SWINE ENTRY FORM

WRITTEN ENTRIES MUST BE POSTMARKED BY AUGUST 1, 2018

Please circle appropriate show:

Breeding Swine

Market Swine -- Home Grown ___ (yes)

Use Separate Entry Form for Each Show

Last Name

First Name

Exhibitor Birthdate ____/____/____
Month Day Year

Age as of January 1, 2018 _____

Address

Circle One: Club Chapter Independent

City State Zip County

Club or Chapter Name _____

Phone Email Address

| Leave Blank | Div. # | Class # | Name of Animal (If Applicable) | Registration Number | Tattoo, Tag or Notching | Sex | Date of Birth | Breeder | Scrapie Premise ID | Sire Reg. No. | Dam Reg. No. | Entry Fee |
|-------------|--------|---------|--------------------------------|---------------------|-------------------------|-----|---------------|---------|--------------------|---------------|--------------|-----------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Must Complete reverse side with signatures

Carry Entry Fee Total to Next Page \$ _____

Swine Entry Form – Page 2

Exhibitor Name _____

Must complete reverse side of this form

Entry Fees from Previous Page \$ _____

| Leave Blank | Div. # | Class # | Name of Animal | Registration Number | Tattoo, Tag or Notching | Sex | Date of Birth | Breeder | Scrapie Premise ID | Sire Reg. No. | Dam Reg. No. | Entry Fee |
|-------------|--------|---------|----------------|---------------------|-------------------------|-----|---------------|---------|--------------------|---------------|--------------|-----------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total Entry Fees: \$ _____

Special Penning Requests: _____

(Every attempt will be made to accommodate requests)

I agree to abide by all the rules and regulations contained in the SSYLS Competition Handbook and understand that such rules and regulations are incorporated with and become part of this agreement. I hereby release the SSYLS and the State of Nevada from all liability of every kind and character on account of loss, damages or injury to property which I may have on the fairground. If this form is not completely and correctly filled out and signed, the exhibitor may be eliminated from the show.

Receipt No.: _____

Signed: _____ Date: _____
Exhibitor

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
FFA Advisor, 4-H Advisor, Local Leader or Parent of Independent Junior

Make checks payable to:
Lyon County Fair Board
27 South Main Street
Yerington, NV 89447

No entry will be accepted without proper signatures.