

LIVESTOCK DEPARTMENT

Sonoma County Harvest Fair

P.O. BOX 1536
SANTA ROSA, CA 95402
(707) 545-4203 – (707) 573-9342 FAX

Last Name First Name Middle Initial

Address

City Zip Phone

SIGNATURE

Department Name: _____

Email Address: _____

If Ranch / Business Name: Federal I.D.# _____

If Individual: Social Security # _____

Breeding Partnership # _____

Names Listed: _____

Please accept the entries described below subject to the rules & regulations as published in the Exhibitor's Guidebook & State Rules booklet. The exhibitor agrees to defend, indemnify and hold harmless the fair, the county and the state of California from and against any liability, claim, loss or expense (including reasonable attorneys' fees) arising out of any injury or damage which is caused by, arises from or is in any way connected with the participation in this program or event, excepting only that caused by the sole active negligence of the Fair.

SECTION	CLASS	BREED	NAME OF ANIMAL	SEX	BIRTHDATE MO/DAY/YR	EAR TAG/ TATTOO	REGISTRATION #	SIRE'S NAME DAM'S NAME	SIRE'S REG # DAM'S REG #	TRANSFER DATE	BREEDER'S NAME	ENTRY FEE
								S D	S D			
								S D	S D			
								S D	S D			
								S D	S D			
								S D	S D			
								S D	S D			
								S D	S D			

NUMBER OF ANIMALS _____
NUMBER OF ENTRIES _____
OF PENS REQUESTED _____
TOTAL PEN FEES _____
TOTAL ENTRY FEES _____

ADULT SIGNATURE IF EXHIBITOR IS A JUNIOR

Papers checked by:
RECEIPT #