COLUMBIA COUNTY FAIR

Livestock/Animal Entry Form

Dept. 02A Dairy Cattle Dept. 03A Sheep
Dept. 02B Beef cattle Dept. 04A Poultry

Consult each Department for rules of entry

Department [ ] Judging # [ ]

Exhibitor's Name _____ Birthdate _____ (If Under 18)

Mailing Address _____ Zip _____

Phone No. _____ Farm Name _____ Social Security # _____

Dept.	Section	Class	Animal Name	Registration #	Birthdate	Entry fee	Placing	Award
					TOTAL			

Make checks payable to "Columbia County Fair." All premium checks must be cashed within **30 Days** of issue

Signature _____ Date _____ Entry Fees [ ]