## 2023 St. Joseph Co Grange Fair - Open Class Livestock Entry Form

**REMINDER: DEADLINE – SEPTEMBER 1, 2023 or Until the barns are full:** Livestock entries will be accepted until 4:00 p.m. on September 1, 2023, or when barns/pens are full, which ever comes first. Exhibitors when picking up your passes at the livestock entry office, please verify your entries by 3:00 p.m. on Sunday, September 17. This will be the final change to your entries before the judge's book are printed. **Send entry to: St. Joseph County Grange Fair PO Box 578 Centreville, MI 49032** 

## **Please print information**

| Exhibitor Name:   | Social Security #       |              |                      |  |
|---|-------------------------|--------------|----------------------|--|
| Mailing Address:  |                         |              |                      |  |
| City:   | State:                  |              | _ Zip:               |  |
| Phone #   | E-Mail:                 |              |                      |  |
| Fair use only: Exhibitor number:  |                         |              |                      |  |
| Horse & Pony Entry Fee  |                         |              |                      |  |
| Tack Stalls - # of stallsx \$3  | 5.00 per tack stall     |              | \$                   |  |
| Stall fee - # of stalls x \$  | 25.00 per box stall     |              | \$<br>\$<br>\$<br>\$ |  |
| Halter class fee - # of classes<br>Driving class fee - # of classes<br><b>Total entry fee</b> | x \$5.00 per class      |              | \$                   |  |
| Driving class fee - # of classes  | x \$8.00 per class      |              | \$                   |  |
| I otal entry fee  | e – Horse & Pony        |              | \$                   |  |
| **Horse entries – need to send proof  | of coggins for an norse | es with entr |                      |  |
| <b>Beef &amp; Dairy Entry Fees</b>  |                         |              |                      |  |
| Number of livestock x \$  | 3.00 per head           |              | \$                   |  |
| Number of classes   |                         |              | ¥                    |  |
| Total entry fee – B   | eef & Dairy             |              | \$                   |  |
| U U   | e.                      |              |                      |  |
| Goat Entry Fees   |                         |              |                      |  |
| Pen fee - # of pens x \$  | 2.00 per pen            |              | \$                   |  |
| Number of livestock x   | \$2.00 per head         |              | \$<br>\$             |  |
| Total entry fee   | – Goats                 |              | \$                   |  |
|   |                         |              |                      |  |
| Chicken Entry Fees  |                         |              |                      |  |
| Number of livestock x   | \$2.00 per head         |              | \$<br>\$             |  |
| Total entry fee   | – Chickens              |              | \$                   |  |
| Send only entry & stall/pen fees at thi   | is time Total E         | nclosed =    | \$                   |  |
| FAIR USE ONLY:  |                         |              |                      |  |
| Date received:  | Amount                  | t Paid \$    |                      |  |
| Payment Type: Cash  | Credit/Debit Card       |              | Check #              |  |

## **Open Class Livestock Entry Form**

I, Agree to comply with all rules & regulations printed in the premium book and the Animal Health Emergency Plan list on the website (exhibitor may call to have Emergency Plan sent to them):

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All entries must be on an OFFICIAL LIVESTOCK ENTRY FORM, or will be refused and sent back to the exhibitor. If need be, you can duplicate this form or call the Fair Office for additional entry forms. PLEASE PRINT AND FILL IN ALL INFORMATION ON ENTRY FORM.

| Dept<br># | Div.<br># | Sect<br># | Class<br># | Class Description | Breed | Registration<br>Number | Date of<br>Birth | Ear Tag or<br>Tattoo | Check if<br>4-H anim. |
|-----------|-----------|-----------|------------|-------------------|-------|------------------------|------------------|----------------------|-----------------------|
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           | ļ         |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |
|           |           |           |            |                   |       |                        |                  |                      |                       |