



# 4-H DAIRY EXHIBIT ENTRY FORM

For Office Use: <input type="checkbox"/> approval form <input type="checkbox"/> record book <input type="checkbox"/> exhibitor number
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NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ AGE AS OF 1/1/2007 \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_  
 4-H CLUB \_\_\_\_\_ DAIRY LEADER'S NAME \_\_\_\_\_

**Send to: 4-H Dairy Entries, UVM Extension, 68 Catamount Park, #C, Middlebury, VT 05753**

- FITTING & SHOWMANSHIP CLASS: I WILL BE SHOWING AS: (Circle one)**
1. Novice A - member 8 years of age as of 1/1/07 who has never shown
  2. Novice B - member 9-12 years of age as of 1/1/07 who has never shown
  3. Junior - 12 years of age and under as of 1/1/07 who has shown before
  4. Senior - 13 to 18 years of age as of 1/1/07

**Fill out  
back of  
form**  
→

**DAIRY CONFORMATION CLASSES:** list all dairy classes #1-17 from the book below or on additional entry sheets.

MEMBER'S NAME \_\_\_\_\_ Bred by the exhibitor? \_\_\_\_\_

NAME OF ANIMAL \_\_\_\_\_ D.O.B. of animal \_\_\_\_\_

BREED OF ANIMAL \_\_\_\_\_ CLASS # \_\_\_\_\_ CLASS NAME \_\_\_\_\_

MEMBER'S NAME \_\_\_\_\_ Bred by the exhibitor? \_\_\_\_\_

NAME OF ANIMAL \_\_\_\_\_ D.O.B. of animal \_\_\_\_\_

BREED OF ANIMAL \_\_\_\_\_ CLASS # \_\_\_\_\_ CLASS NAME \_\_\_\_\_

MEMBER'S NAME \_\_\_\_\_ Bred by the exhibitor? \_\_\_\_\_

NAME OF ANIMAL \_\_\_\_\_ D.O.B. of animal \_\_\_\_\_

BREED OF ANIMAL \_\_\_\_\_ CLASS # \_\_\_\_\_ CLASS NAME \_\_\_\_\_

PLEASE LIST group classes you are entering (Classes #13 thru 17)

CLASS# \_\_\_\_\_ CLASS NAME \_\_\_\_\_ CLASS# \_\_\_\_\_ CLASS NAME \_\_\_\_\_

CLASS# \_\_\_\_\_ CLASS NAME \_\_\_\_\_ CLASS# \_\_\_\_\_ CLASS NAME \_\_\_\_\_

Number & Ages of OTHER open show animals you'd like to house in 4-H barn if space available. You will be notified later if there is room.

**OVER →**

I understand that this activity may involve certain risks of physical activity, I nonetheless, wish to participate as a Vermont 4-H member, in the Addison County Fair & Field Days. I do so at my own risk and agree to indemnify and hold harmless the University of Vermont and State Agricultural College, the UVM Extension, Addison County Fair and Field Days and their trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of this activity. In signing, I agree to accept all responsibility for any damages, accidents, injuries, and expenses occurring to or caused by any animal or show person I have entered in this event.

4-H Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (required for those under 18) \_\_\_\_\_

## 4-H DAIRY PARENTAL CONSENT/CHAPERONE FORM

To the best of my knowledge, my child is in good health and can participate in this activity. A UVM Extension Health History form or 'CE-10' is on file and has been updated as needed. This would have been submitted when enrolling as a 4-H member.

In case of emergency:

I hereby give permission to obtain necessary medical treatment for my child in the event I cannot be reached in an emergency. I understand that I will be responsible for all expenses associated with any medical treatments.

In case of emergency contact: \_\_\_\_\_

And any home / work / cell phone numbers where they may be reached:

\_\_\_\_\_

Name of physician \_\_\_\_\_ phone: \_\_\_\_\_

Address: \_\_\_\_\_