Allegany County Fair ADGA Show Entry Form

INSTRUCTIONS: List below the items you wish to enter and mail or bring your form to the Fair Office (PO Box 96, Angelica, NY 14709) inclusive of payment by one week before the start of fair. Be sure to print clearly. COMPLETE MAILING ADDRRESSES AND PHONE ARE REQUIRED.

Farm (Herd) Name:			Exhibitor names:	Exhibitor names:			
Address:			Phone				
any animal exhibited or a the exhibitor who will be or by any animal owned of fees, which may have occ	ny article of any k responsible for ar or exhibited by hir urred as a result t	ind. All animals shall k ny loss, damage or inju n, and shall indemnify thereof. The submittin	pe under the control and dir ary to any person, animal or against any and all damage	rection of the animal r property occasioned es and liability thus of Fair Office shall const	le for any loss, damage or injury to committee but solely at the risk of d by him, his agent or employees, ccasioned, including attorneys' itute an acceptance by each ons of the Allegany County		
Exhibitor Signature:	:		Parent/Guardian	Parent/Guardian Signature (if junior)			
Exhibitor Cell Phone Number:			Email:	Email:			
	1	1	1				
Doe Name	Breed	Tattoo	Birth date	Class Number	Owner's ADGA ID		
			opy additional sheets i	• • • •	es will be left blank in Doe		

names for produce of dam, get of sire, and best three females

Group Class Name/Number	Breed	Doe Names	Sire or Dam Name	Owner's ADGA ID