

For Superintendent Use  
Only!  
Pen # \_\_\_\_\_

**ENTRIES CLOSE:**

**July 10, 2009**

**DELTA COUNTY FAIR  
4-H/FFA PEN ENTRY FORM**

**For 4-H Club or FFA Chapter Use ONLY! Not for individual member use.**




4-H CLUB/FFA CHAPTER NAME \_\_\_\_\_

NAME OF LEADER OR ADVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

Unlimited pens per club. Three exhibitors must be represented in each pen group, unless only 2 members in club.

DEPT. #	SECT. #	CLASS #	CLASS NAME	# OF PENS	
1	2	7	PEN OF THREE MARKET SWINE		
4	2	3	PEN OF THREE MARKET STEERS		
6	2	5	PEN OF THREE MARKET LAMBS		

I certify my club/chapter is in good standing, meets the rules and regulations set forth in the fair premium list.

4-H LEADER/FFA INSTRUCTOR \_\_\_\_\_

**DELTA COUNTY 4-H/FFA  
WHOLESOME MEAT ACT ~ COMMITMENT TO EXCELLENCE\***

- ✘ I, the undersigned Junior Exhibitor, attest that I have attended a Wholesome Meat Quality Assurance Program training session in \_\_\_\_\_ County, during the year \_\_\_\_\_.
- ✘ I believe that participation in the Junior Livestock Program should demonstrate my own knowledge, ability, and skill as a feeder and exhibitor of livestock.
- ✘ I will do my own work to the fullest extent I am capable and otherwise will only accept advice and support from other 4-H or FFA members or from 4-H Leaders or FFA Advisors.
- ✘ I will not use abusive, fraudulent, illegal, deceptive, or questionable practices in the feeding, fitting, and showing of my animal(s), nor will I allow my parents, my supervisor, or any other individual to employ such practices with my animal(s).
- ✘ I will read, understand, and follow the rules without exception, of all livestock shows in which I am a participant, and ask that my parents and the supervisor of my project do the same.
- ✘ I wish for my livestock project and my conduct to be an example of how to accept what life has to offer, both good and bad, and how to live with the outcome.
- ✘ I realize I am responsible for:
  - ✓ The proper care and safe humane treatment of my animals
  - ✓ The production of a high quality, safe and wholesome food
  - ✓ Demonstrating strong moral character as an example to others
- ✘ I consent to having my animal(s) subjected to drug testing.

\_\_\_\_\_  
Exhibitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
4-H Leader/FFA Advisor

\_\_\_\_\_  
Date

Complete set of signatures certifies that the exhibitor is eligible to participate fully in the youth livestock program in Delta County.

\*Completed form required of breeding and market projects in Beef, Swine, Sheep, Goats, Rabbits, Dairy and Poultry projects.