

**Saratoga County Fair Livestock/Animal Entry Form** Mail to: Saratoga County Fair, Entry Office, 162 Prospect St., Ballston Spa, NY 12020

Use This Form For The Following Departments: Dept. A: Cattle Dept. B & C: Draft Horses Dept. D & E: Goats Dept. Q Sheep Dept. W: Saddle Horses

Please use a separate entry form for each department. (Note: Winners' premium checks will be sent to the address on this form within 30 days of the close of Fair.)

Department Letter  **Please print!!!** Also entered in 4H  Yes  No

Exhibitor's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(if under 18)

Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Farm Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Section #	Class #	Class Description	Animal's Registered Name	Breed	Tattoo #	Registration #	Birthdate	Entry Fee	Bred by Exhibitor

No. of Stalls \_\_\_\_\_

The exhibitor agrees to be solely responsible for any loss or injury to or damage done, occasioned by, or arising from any animal, equipment, exhibit, or person on exhibition, and to defend and indemnify the Saratoga County Fair and the management thereof against all claims and liability in regard thereto, and upon these conditions only will entries be accepted. In view of the indemnity agreement appearing herein, exhibitors may find it advisable for their own protection to carry liability insurance if not already covered. By signing this form, the exhibitor agrees that they have read and will abide by the rules of the Saratoga County Agricultural Society and the show ring code of ethics as outlined in the exhibitor handbook.

**Entry Fees**

**Stall Rent**  
(if applicable)

**Exhibitor Passes**  
(maximum of 2)

**Memberships**

**Total**

**Dept. A,B,&D**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Make all checks payable to: **Saratoga County Fair**. All premium checks must be cashed **within 30 days** of date of check.