

CASHIER'S CHECK OR MONEY ORDER PAYABLE TO YMBL, NO PERSONAL CHECKS WILL BE ACCEPTED.

THE ENTRY FEE IS \$20.00 PER CATEGORY. ALL ENTRY FEES ARE NON-REFUNDABLE.

ONE ENTRY FORM PER EXHIBITOR

SOUTH TEXAS STATE FAIR

7250 WESPARK BEAUMONT, TEXAS 77705

www.ymb.org

JUNIOR MARKET ENTRY FORM

ENTRY DEADLINE FOR 2010 IS – FEBRUARY 4, 2010

THE HEALTH CERTIFICATE MUST ACCOMPANY THE ANIMAL UPON ARRIVAL AT THE FAIR GROUNDS TO COMPLY WITH SANITARY RULES AND REGULATIONS AS STATED IN THE ONLINE CATALOG.

**** IF MAILED, ENTRIES MUST BE SENT VIA CERTIFIED MAIL AND MUST BE POSTMARKED ON OR BEFORE FEBRUARY 4, 2010 ****

****REQUIRED FIELDS**

≈ Only in the case of a move can you change your Club or Chapter, if approved by the South Texas State Fair Management. ≈

**Exhibitor's Name _____

◆If the ear tag or the exhibitor's name is incorrect; notify the YMBL within 10 days of the tag-in date.

**Address _____

CATEGORY

PLEASE CHECK FOR THE APPROPRIATE SHOW:

(Limit one category per form)

Tag #	Breed (Steers Only)

**City / State / Zip _____

**County _____

_____ MARKET STEER*

*The Steer show will be limited to 4-H and FFA members from Jefferson, Hardin, Orange, Jasper, Tyler, Newton, Chambers Counties and the High Island School District.

**Phone _____ Cell _____

_____ MARKET SWINE•

**Date of Birth _____

_____ MARKET GOAT•

•The Goat, Swine & Lamb Shows will be limited to 4-H and FFA members from Jefferson, Hardin, Orange, Jasper, Tyler, Newton, Chambers Counties and High Island School District.

**Social Security # _____

_____ MARKET LAMB•

**Club / Chapter _____

_____ F-1 HEIFER▲

▲F1-Heifer Show is open to Area 1 (see F1-Heifer Rules)

We, the Junior Exhibitor and Parent/Legal Guardian, certify that we have read, understand and will abide by the Livestock Premium List and all rules and regulations of the South Texas State Fair. We further certify that we have not administered and, to the best of our knowledge, the animal(s) listed above has not received any substance not approved by the FDA and/or USDA for consumption by animals. This entry is not, nor will be, within any withdrawal time relative to the administration of any drug, chemical, or feed additive approved by the FDA and/or USDA by the time the animal(s) is/are officially weighed in at the show.

If the animal requires emergency treatment while on the show grounds, only a licensed veterinarian will be allowed to administer any drug, chemical, or feed additive. The exhibitor may choose any licensed veterinarian, but the Official Show Veterinarian must be notified, in writing, of any treatment given. All treatment costs are the responsibility of the exhibitor. If an animal is treated by a licensed veterinarian while on the grounds and the medication administered exceeds fifteen (15) days withdrawal time, the animal(s) will be disqualified and not allowed to show. If an animal(s) is disqualified, it must be removed from the show grounds by the exhibitor immediately.

We certify that we understand that the South Texas State Fair reserves the right to condemn and/or disqualify any animal either live or slaughtered, or any animal found with a quantity of diuretic or any unapproved medication and the exhibitor will forfeit all auction sale and/or premium money. If the animal is disqualified, the exhibitor will be barred. If an animal(s) is disqualified for testing positive and/or the carcass condemned at slaughter, the class placing may be changed.

**Exhibitor's Signature

**Parent/Legal Guardian Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____, DAY OF _____, 20_____.

**Notary Public

I certify that, to the best of my knowledge, the certification above is correct and I have informed the exhibitor and parent/legal guardian of the consequences of stated rule violations as to the uses of drugs, chemicals or feed additives.

**County Extension Agent / Agricultural Science Teacher Signature

**Date

**Livestock Secretary (Form not valid without this signature)

**Phone _____ Cell _____

FOR LIVESTOCK SECRETARY USE ONLY

Received From – FIRST AND LAST NAME	CIRCLE FORM OF PAYMENT	Date	Amount
	Form of Payment: Cash Cashiers Check Money Order		