

**DO NOT USE FOR  
POULTRY or  
RABBITS &  
CAVIES**

## **Entry Form – Livestock Only**

The Carbon County Fair  
Mail to: The Carbon County Fair  
c/o Deanna Cunfer  
236 Smithlane Road, Lehighton, PA 18235

**Deadlines for entries: July 19, 2021**

**NO LATE ENTRY FORMS WILL BE ACCEPTED.**

The Carbon County Lion/Lioness Fair Association is not responsible for  
loss or theft of any item exhibited at the Fair.

Please print all information; be sure to enter correctly. The Department,  
Section, Class, Division, Category and Description must be entered for every entry.  
Fair reserves the right to reject any incomplete entry form.

Use this form for  
**Depts. 2, 3, 4, 6  
& Dept. 10**  
**Sections 2, 3, 4, 5 & 6**



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

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone # \_\_\_\_\_

Exhibitors of **LIVESTOCK BREEDING ENTRIES** are required to submit a photocopy of the registration papers for each entry. This will assist in preparation of the show book as well as verify entry in the correct division or category.

Substitutions will only be permitted within the same age class within the breed; i.e. Holstein Winter Heifer calf "A" for Holstein Winter Heifer calf "B"; Dorset Yearling ewe "A" for Dorset Yearling ewe "B", etc.

**\*Required for both market & breeding class entries.** ←

| Dept. | Sec. | Class | Div. | Cat. | *Full Registered Animal Name | *Ear Tag # Or Tattoo# | *Registration Number | *Date-of-Birth |
|-------|------|-------|------|------|------------------------------|-----------------------|----------------------|----------------|
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**VETERINARY CONSULTATION RELATIONSHIP (VCR) statement must be signed by Exhibitor:** *I attest and affirm that a "veterinarian consultation relationship" - as that phrase is defined in the Animal Exhibition Sanitation Law found at 3. Pa. C.S.A. § 2501 et seq. and any amendments thereto - "exists with regard to any animals I will be exhibiting."*

Consulting veterinarian name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Exhibitor's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

For additional entries, Please copy this form.