Print

## Goats

Name of Exhibitor: _____

Mailing Address: _____City _____

State: _____Zip_____Phone_____

Youth(DOB) _____ Youth Class_____ Open Class _____

Num of Animals Entered: _____No. of Pens: _____

Email Address: _____

| Class | Lot # | Breed | Name of Animal | Awd | Amt |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Send Completed Form to: Secretary@4townfair.com

Mail to:

ATTN Secretary Four Town Fair
PO Box 24 Somers, CT 06071