Print

Sheep

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