Print

SWINE

Name of Exhibitor:_____
Mailing Address: _____
City: _____ State:_____ Zip:_____
Phone: _____Cell Phone: _____
Number of Animals: _____ Youth Age (As of January 1st): _____
Use one line for each animal

Class	Lot	Breed	Name of Animal

Total: _____

Send Completed Form to: Secretary@4townfair.com
Mail to: ATTN Secretary Four Town Fair PO Box 24 Somers, CT 06071