

CHILDREN'S BARNYARD

DIRECTOR: Tricia Foster, 233-2821

EDUCATIONAL DISPLAYS

SUPERINTENDENT: Pam Gevry 759-2238, Cell: 373-8069

Send entries to: Pam Gevry, 3851 VT Route 22A, Addison, VT 05491

ENTRY FORM

Display attended or unattended?_____

Class: Children(Under 8) Youth(9-13) Young Adult(14-17) Adult(18 & Over)

NAME:_____AGE:_____

ADDRESS:_____

PHONE:_____

Please describe your entry:

Please describe the size of your display and the space you will require:

Do you need any special equipment? (electricity, cages, etc.)

We can provide hay (first and second cut), grain and water for your animal(s) for the week. We offer Blue Seal grain. Please let us know what you would like us to feed your animal(s) and quantities:

Hay:_____

Grain:_____

I will provide my own feed_____

If this is a manned display, what time would be best for you? This needs to be the same time each day.

Children-1/2 hour, Youth-1 hour, Young Adult-1 ½ hours, Adult-2 hours, Group-2 hours.

10:00____10:30____11:00____11:30____12:00____12:30____1:00____1:30____2:00____2:30____

3:00____3:30____4:00____4:30____5:00____5:30____6:00____6:30____7:00____7:30____8:00____

Please read guidelines below for exhibiting poultry.

POULTRY TESTING

The Animal Health Section of the Vermont Agency of Agriculture, Food & Markets conducts free testing for avian influenza and Salmonella pullorum at Fairs, bird swaps and other poultry commingling events. When arriving, it is the bird owner's responsibility to check in at the Animal Health Section bird testing station and have all eligible birds tested before displaying them at the event. During check in, an Animal Health Section Specialist will provide you with a sales log form. These log forms must be accurately completed by the bird owner and returned to an Animal Health Specialist.

Salmonella Pullorum testing is required for exhibition or sale of domestic fowl at any fair, show, meet or any event where such fowl are assembled. This testing entails drawing a small droplet of blood from the underside of the bird's wing and using a stained antigen reagent that will react immediately if the Salmonella bacterium is present. Because animal traceability is an important component of this testing, all birds tested are provided with a metal leg band, which is numbered for tracking purposes and is linked to the owner of record.

Birds that are required to be tested include turkeys, chickens, guinea fowl, peacocks, and pheasants which are twenty (20) weeks of age and older. Waterfowl such as geese and ducks are not subject to the PT testing requirement.

Avian influenza (AI) is a contagious viral disease that affects wild and domestic birds. AI infection in domestic chicken, duck and turkey flocks can result in high morbidity and mortality. Testing for avian influenza entails swabbing the inside of the bird's mouth and sending the swabs to a laboratory for analysis.



PHOTO CONSENT: I, the undersigned, grant permission to ACFFD to use my child's image for use in all media publications, including social media.

x _____
Signature of parent or legal guardian of children under 18.

ADDISON COUNTY FIELD DAYS DRAFT HORSE SHOW SPONSORSHIP FORM

To sponsor all or part of a class or award please fill out and return this form by July 1st.
We have 112 classes and offer prize money of over \$12,000 for the show.
Thank you for your support.

Name: _____ Phone: _____

Address: _____

Class(s) to sponsor: _____

2nd choice: _____

Name/farm as it should appear in the program: _____

Amount you wish to contribute: _____ \$100.00 _____ \$75.00 _____ \$50.00 _____ Other \$ _____

Please make checks payable to "Addison County Fair and Field Days" and return to:

Kathy Kennett, 1716 VT Route 22A, Panton, VT 05491 • Phone: 802-759-2015 • Cell: 802-349-5671

ADDISON COUNTY FIELD DAYS HAND MOWING CONTEST

Thursday, August 8, 2019 - 10 AM

ENTRY BLANK

NAME _____ AGE _____

ADDRESS _____

PHONE _____ Circle: Male or Female

E-MAIL _____

ENTER CLASS(ES): _____

CONTESTANTS WHO WISH TO MOW TWICE SHOULD CHOOSE THE APPROPRIATE CLASS FIRST AND THEN "OPEN"
CLASSES:

- | | |
|---------------------------------------|---------------|
| 1. YOUTH (16 AND UNDER) | 15-foot strip |
| 2. WOMEN, ages 17 – 59 | 15-foot strip |
| 3. MEN, ages 17 - 59 | 25-foot strip |
| 4. SENIOR WOMEN, ages 60-79 | 15-foot strip |
| 5. SENIOR MEN, ages 60-79 | 25-foot strip |
| 6. ROGER SHATTUCK MEMORIAL (Ages 80+) | 15-foot strip |
| 7. OPEN TO ALL | 25-foot strip |

Please mail or email to: JUDD MARKOWSKI • 1724 EAST STREET • BRIDPORT, VT 05734

Please pay admission at the gate AND GET A RECEIPT – YOU WILL BE REIMBURSED AT THE CONTEST IF YOU HAVE A RECEIPT. The contest is located North of the Antique Area. Scores are based on time, width of cut, height and evenness of stubble.



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4-H DAIRY EXHIBIT ENTRY FORM

MEMBER

NAME _____ DATE OF BIRTH _____

ADDRESS _____ AGE AS OF 1/1/2019 _____

TELEPHONE _____ PARENT'S NAME _____

4-H CLUB _____ DAIRY LEADER NAMES _____

FITTING & SHOWMANSHIP CLASS: Member Age as of 1/1/19

- ☐ **Novice A** - 8 years of age who has never shown
- ☐ **Novice B** - 9 – 12 years of age who's never shown
- ☐ **Junior** - 11 years & under have shown previously
- ☐ **Intermediate** - 12 – 14 years old
- ☐ **Senior** - 15 – 18 years old
- ☐ **Novice Senior** - 12 years & older never shown before

ENTRY AMOUNTS

Fitting &
Showmanship: \$ 2.00

Conformation:
animals X \$2.00 \$ _____

TOTAL AMOUNT \$ _____
Make checks payable to ACFFD

DAIRY CONFORMATION CLASS: list all dairy animal classes #1-17

MEMBER'S NAME _____ Bred by the exhibitor? _____

NAME OF ANIMAL _____ D.O.B. of animal _____

BREED OF ANIMAL _____ CLASS # & NAME _____

EARTAGS _____

MEMBER'S NAME _____ Bred by the exhibitor? _____

BREED OF ANIMAL _____ CLASS # & NAME _____

NAME OF ANIMAL _____ D.O.B. of animal _____

EARTAGS _____

PLEASE LIST group classes you are entering (Classes #14 thru 16 – no cost classes)

MEMBER'S NAME _____ CLUB _____

CLASS# _____ CLASS NAME _____ CLASS# _____ CLASS NAME _____

CLASS# _____ CLASS NAME _____ CLASS# _____ CLASS NAME _____

Number & Ages of OTHER open show animals you'd like to house in 4-H barn if space available.
You will be notified later if there is room.

I understand that this activity may involve certain risks of physical activity, I nonetheless, wish to participate as a Vermont 4-H member, in the Addison County Fair & Field Days. I do so at my own risk and agree to indemnify and hold harmless the University of Vermont and State Agricultural College, the UVM Extension, Addison County Fair and Field Days and their trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of this activity. In signing, I agree to accept all responsibility for any damages, accidents, injuries, and expenses occurring to or caused by any animal or show person I have entered in this event.

4-H Member's Signature_____Date_____

Parent/Guardian Name (please print)_____Date_____

Parent/Guardian Signature (required for those under 18)_____

4-H DAIRY PARENTAL CONSENT/CHAPERONE FORM

To the best of my knowledge, my child is in good health and can participate in this activity. A UVM Extension Health History form or 'CE-10' is on file and has been updated as needed. This would have been submitted when enrolling as a 4-H member.

In case of Emergency:

I hereby give permission to obtain necessary medical treatment for my child in the event I cannot be reached in an emergency. I understand that I will be responsible for all expenses associated with any medical treatments.

In case of emergency contact:_____

And any home / work / cell phone numbers where they may be reached:

Name of Physician:_____Phone:_____

Address:_____

SEND ENTRIES and FEES (Payable to ACFFD) by July 18, 2019 to:

**ROBIN SEVERY
142 HEMENWAY HILL ROAD
SHOREHAM, VT 05770**



PHOTO CONSENT: I, the undersigned, grant permission to ACFFD to use my child's image for use in all media publications, including social media.

x_____

Signature of parent or legal guardian of children under 18.

Addison County Fair & Field Days, Inc.

HOME & GARDEN DEPARTMENTS

ENTRY FORM

FOR OFFICIAL USE ONLY

EXHIBITOR NO.

Name:

Youth Classes Age:

Address:

Senior (over 80) Age:

City, State, Zip:

Telephone:

e-mail:

DEPARTMENT NAME & NUMBER _____ (Use ONE ENTRY FORM per DEPARTMENT)

CATEGORY & CLASS NUMBER	ENTRY DESCRIPTION

ALL ENTRIES MUST STAY UNTIL 9 PM ON SATURDAY

Addison County Fair & Field Days, Inc.

HOME & GARDEN DEPARTMENTS

ENTRY FORM

FOR OFFICIAL USE ONLY

EXHIBITOR NO.

Name:

Youth Classes Age:

Address:

Senior (over 80) Age:

City, State, Zip:

Telephone:

e-mail:

DEPARTMENT NAME & NUMBER _____ (Use ONE ENTRY FORM per Department)

CATEGORY & CLASS NUMBER	ENTRY DESCRIPTION

ALL ENTRIES MUST STAY UNTIL 9 PM ON SATURDAY



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x _____
Signature of parent or legal guardian of children under 18.

Addison County Fair & Field Days Poultry Show & 4-H & Other Youth Poultry Showmanship Entry Blank

-Please use a separate entry form for each exhibitor.
-Entry Fees are \$2.00 per bird Open Show and \$1.00 per bird Junior Show.
-\$1.00 per bird for 4-H & Youth Showmanship Classes
-Entries are due to Wayne by July 31st.
Mail your entry forms to: Wayne Marcelle, 1373 Main St., New Haven, VT 05472

Name _____ Exhibitor # _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Entry Fee Enclosed \$ _____

Total Entries: Large Fowl _____ Bantams _____ Ducks _____ Geese _____ Pidgeons _____

Will you be entering in any of the 4-H & Youth Showmanship Classes? _____ Youth Ages _____
Please put an asterisk beside the bird(s) that will be shown in the showmanship classes.

Class Code		(Enter # of Each)					
LF, B, D, G or P	Complete Name of Breed & Variety	Cock	Hen	Cockerel	Pullet	Total	Entry Fee
Totals:							



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2019 OPEN BEEF, WORKING STEER & OX SHOW ENTRY FORM

I certify that the following identified animals entered for exhibition and competition are owned by me; that I will willingly abide by all the terms and conditions pertinent to entering, exhibiting and departure.

PLEASE PRINT

NAME _____ (YOUTH AGE AS OF 1/1/19) _____

ADDRESS _____ PHONE _____

CITY/STATE/ZIP _____

FEES: \$5 for each animal entered.

PASS POLICY: Youth and adult exhibitors who are participating in the YOUTH AND OPEN BEEF AND STEER SHOW may purchase passes in the following manner: A season pass may be purchased for **\$15**. Those with the above exhibits may purchase passes with their entry fees as follows:

1-5 animals on exhibit	limit 2 passes
6-10 animals on exhibit	limit 3 passes
11 or more animals on exhibit	limit 4 passes

PLEASE NOTE: All fees must be included with your entry fee and camper registration form. The passes will be mailed to you.

FEES ENCLOSED: Cattle \$ _____ Class \$ _____ Passes \$ _____ Total \$ _____

MAKE CHECKS PAYABLE TO: Addison County Fair and Field Days

ENTRY DEADLINE is July 18, 2019 and must be received by that date to:

Hannah Clark
1049 North Cream Hill Road
Shoreham, VT 05770

NO LATE ENTRIES WILL BE ACCEPTED.

Breed	Class #	Birthdate	Name of Animal	Registration #	Tattoo/Ear Tag



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x _____
Signature of parent or legal guardian of children under 18.

Addison County Fair & Field Days
Open Horse Show Entry Blank
As of 1/1/2019

Name of Rider: _____

Name of Horse: _____ Birthdate: _____ (If junior exhibitor)

One rider per blank. Make copies if you need more.

Rider – Circle the number of the classes that you wish to enter:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

Total for classes: @ \$5.00 ea. = \$ _____

or \$6.00 ea. = \$ _____

Total for Numbers : @ \$2.00 ea. = \$ _____ (use same # if showing previously in the week)

Total for Stalls(box): @ \$15.00 ea. = \$ _____ (If returned \$1.00 will be refunded)

Showing out of Trailer _____

Grand Total: \$ _____

MAKE ALL CHECKS PAYABLE TO: ADDISON COUNTY FAIR & FIELD DAYS
(Entries must be postmarked by July 30, 2019)

Rider's Signature: _____

Parent/Guardian Signature: _____

Address: _____

City/State/Zip: _____

Emergency Contact and Phone # _____

Phone #: _____ Email: _____

Mail to: Jessica Stuart, 26 Lang Drive, Essex Jct, VT 05452 ~ (802-233-3013)

Check List

- Payment enclosed.
- Rabies certificate included (copy will not be returned)
- Health certificate & negative Coggins (for out of state horses)
- Check here if you need passes _____.
- **Enclose a large self addressed stamped envelope.**



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x _____
Signature of parent or legal guardian of children under 18.

**Addison County Field Days
Miniature Donkey & Mule Show
Entry Form**

Name of Owner: _____

Address _____

Phone # _____

Email: _____

Name of Handler: _____

(14 and under) Age _____ **DOB** _____

Address _____

Phone # _____

Email: _____

Parent Signature _____ **Date** _____

Registered Name _____ **Age** _____ **DOB** _____

Please check each class you enter.

1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	9. _____
10. _____	11. _____	12. _____
13. _____	14. _____	15. _____
16. _____	17. _____	18. _____

of Stalls Reserved _____



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x _____
Signature of parent or legal guardian of children under 18.

ADDISON COUNTY FAIR & FIELD DAYS
4-H & Other Youth HORSE & Pony ENTRY FORM

Monday -August 5th
Tuesday - August 6th
Wednesday - August 7th

Are you a 4-H member? Yes No Name of Club_____

Do you have a 4-H card on your horse/pony? Yes No (If no you go in open classes)

Circle one item in each division:

1.) 4-H Open 2.) Horse Pony

3.) Beginner Advanced Beginner Junior Senior Leadline Therapeutic Riding Adult Walk/Trot Adult

Stall requests: Circle all that apply. Sun nite Mon day Mon nite Tues day Tues nite Wed day
Showing out of the Trailer, no stall needed

Name of Rider_____ Birthdate_____as of 1/1/19

Name of Horse _____

One rider per entry blank per day. Make copies if you need more. Rider - Circle the day and the number of the class that you wish to enter.

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23,
24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47

Classes ____ @ \$2.00 = _____

Number @ \$2.00 = _____ (\$2.00 Fee covers the use of the same number for the entire week, per rider)
(\$1.00 will be refund will be given if the number is returned after you are finished showing for the week)

Stall @ \$5.00 = _____ (\$5.00 Fee covers Sun thru Wed for this horse)

Total \$_____ Entries should be prepared to vacate their cleaned and checked stall by 7:00 pm Wed. Aug. 7, 2019

MAKE ALL CHECKS TO: "ADDISON COUNTY FAIR & FIELD DAYS" Entries close with the postmark of July 30, 2019

Rider's Signature_____

Parent/Guardian Signature_____

Address_____

Phone_____ Email_____

Emergency Contact and Phone_____

RABIES CERTIFICATE ENCLOSED_____

Out of state horses Health & Neg Coggins & Rabies_____

Mail to: Jessica Stuart, 26 Lang Drive, Essex Jct, VT 05452 ~ 802-233-3013

We have a new email: fdhorseshow@gmail.com

Please like us on our facebook page to see updates and ask questions!



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x_____

Signature of parent or legal guardian of children under 18.



Addison County Fair & Field Days, Inc.

PO Box 745, Middlebury VT 05753

Phone: 802-545-2557 • Fax: 802- 329-2113

www.addisoncountyfielddays.com

CAMPER/TENT SPACE RESERVATION FORM

Please Check One:

☐ Beef

☐ Dairy

☐ Horse

☐ Sheep

☐ Vendor

☐ Other

Camper Fees: \$35/day or \$150/week (Tents between barns are \$5 a night.)

Name: _____

Vendor Business Name: _____

Address: _____

4H Club: _____ 4H Leader Name: _____

Telephone #: (Please circle # that you can be reached at during the fair):

Home

Work

Cell

Arrival Date: _____ Leaving Date: _____

Tent Area Spaces Needed: _____

Camper Make: _____

RV: _____ Trailer: _____ Length: _____ Width: _____ Slide out Y/N

License Plate Number: _____ Ages of Children Staying in Camper: ____, ____, ____,

Do you have any special needs or requests? _____

1. **DEADLINE FOR SUBMITTING CAMPING FORMS: JULY 22nd**
2. All camping on fairgrounds is by permit and payment in full in advance only.
3. We will try to place you where requested, but lot assignments are not guaranteed.
4. No use of awnings unless your neighbor approves it.
5. Fees include water, electrical hookup and wastewater removal.
6. **Camping Fees DOES NOT include ADMISSION.**

Camping forms should be returned with fees to the addresses indicated below NO LATER THAN JULY 18th.

ALL OTHERS:

Addison County Fair & Field Days
P.O. Box 745
Middlebury, VT 05753

HORSE/SHEEP:

Jessica Stuart
26 Lang Drive
Essex Jct, VT 05446

DRAFT HORSE ONLY:

Kathy Kennett
1716 VT Route 22A
Panton, VT 05491



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Addison County Fair & Field Days

EGG JUDGING ENTRY FORM

Superintendent: Pam Gevry 759-2238, Cell 373-8069

- Please bring this entry form with you filled out when dropping off eggs.
- Bring eggs to the Children's Barnyard before 8:00 Monday night of fair week.

Name_____

Address_____

Town_____State_____Zip_____

Phone #_____

Division: (circle one) Open (Adult) OR Junior (Youth)

Open division must provide 1 dozen eggs for each class. Junior division must provide 6 eggs for each class.

#	Class	Description
	Brown Eggs	
	White Eggs	
	"Other" Eggs	



Addison County Fair & Field Days, Inc.

4-H & Other Youth Rabbit Showmanship Entry Form

Mail forms to: Pam Gevry, 3851 VT Route 22A, Addison, VT 05491

Exhibitor Name_____

Address_____

City_____State_____Zip_____

Phone #_____

Name of Rabbit_____Age of Rabbit_____



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x_____

Signature of parent or legal guardian of children under 18.

2019 ADDISON COUNTY FAIR & FIELD DAYS DRAFT HORSE SHOW ENTRY FORM

FRIDAY, AUGUST 9, 2019 & SATURDAY, AUGUST 10, 2019

Owner's name:	Phone:
Premium payable to owner of horse(s)	
Farm name:	Breed:
Address:	
Street	City
State	Zip
Social Security # or TIN #:	
E-mail address:	Cell phone:

Use the form on the other side to enter class(es). Copy as needed

Please list horse(s) here that will be in stall(s). Each box represents one stall. Mare & foal = one box

Please enclose a copy of each horse's negative Coggins test and rabies certificate (dated within one year).

Out of state horses must have a current health certificate (presented at check-in).

PRE-ENTRIES DUE BY AUGUST 1, 2019 Mail to: Kathy Kennett, 1716 VT Route 22A, Panton, VT 05491

Pre-entry entitles exhibitor passes for the fair gate. Post entries will have to pay to enter the fair gate.

Pre-Entry fee _____ @ \$ 5.00 /class	Post entry fee _____ @ \$10.00/ class	Entry fee(s)
Pre-Entry fee _____ @ \$ 10.00 /class	Post entry fee _____ @ \$20.00/ class	Entry fee(s)
Pre-Entry fee _____ @ \$ 20.00 /class	Post entry fee _____ @ \$40.00/ class	Entry fee(s)
Pre-Entry fee _____ @ \$ 40.00 /class	Post entry fee _____ @ \$80.00/ class	Entry fee(s)
Stalls are assigned on a first come, first served basis. Refund of \$15 per stall when cleaned and checked	_____ @ \$25.00 per stall	Stall fees:
Additional bags of bedding	_____ bags at \$ 5.00 per bag	Bedding fee:
Camping fee (Please fill out separate camping form)	_____ nights @ \$35 per night	Camping fee:
Payable to: Addison County Fair & Field Days (must accompany entries)		Total fees:

As an exhibitor at the Addison County Fair & Field Days the exhibitor agrees that he/she shall be liable and responsible for any harm or damage caused by his/her exhibit including but not necessarily limited to such damage as may be caused by livestock, horses, 4-H, fruits and vegetables, flowers, home crafts and foods. The exhibitor will hold harmless Addison County Fair & Field Days for any claims made against it and will indemnify the Addison County Fair & Field Days for any and all damages or cost that may be incurred as a result of any such claim. I have read and understood and in consideration for being permitted to exhibit at this event, agree and consent to abide by the rules of competition, including IAFE (International Association of Fairs, and Expositions) National code of Show Ring Ethics as stated in the front of the Exhibitor Handbook.

Signature of Exhibitor, Owner, Agent	Date	Signature of Parent/Guardian	Date
For Office Use Only:			
Date Entry received:	Check #	Amount: \$	
Number of passes awarded: Person: _____ Vehicle: _____			
Date passes sent: _____			



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2019 ADDISON COUNTY FAIR & FIELD DAYS DRAFT HORSE SHOW ENTRY FORM

Farm Name: _____

Copy page as needed Include registration numbers for halter/single horse classes on entry form.

Office Use Only	All Youth Classes 1, 2, 18, 19, 28, 29, 54, 55 (Write class #s below Horse Name & Youth Name)	Horse Reg # Youth DOB	Hitch Name	Pre-Entry Fee \$5 /class
	Horse: _____			
	Youth: _____			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> </div>			
	Horse: _____			
	Youth: _____			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> <div style="width: 15%;"> </div> </div>			
Office Use Only	Classes 3-13, 16, 17, 20, 21, 22, 23, 26-29, 31-41, 46 (Write class #s below horse's name)	Reg # Year Foaled	Handler's Name	Pre-Entry Fee \$5 per class
	Horse: _____			

	Horse: _____			

	Horse: _____			

	Horse: _____			

	Horse: _____			

	Horse: _____			

	Horse: _____			

	Horse: _____			

	Horse: _____			

	Horse: _____			

	Name of Sire: _____			
	Get of Sire Class # 43			
	Name of Dam: _____			
	Produce of Dam Class # 44			
Office Use Only	Team Classes 14, 15, 24, 25, 30, 45, 47 - 60 (Write class #s below Driver's Name)	Class 30 is \$10, Classes 14-15, 24-25, 47-50 are \$20, Class 21& 42 are \$40.		Entry Fees double for post entry
	Driver: _____			

	Driver: _____			

	Driver: _____			

	Driver: _____			

	Driver: _____			

Pre-entries due by August 1, 2019

Fee totals on other side



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Signature of parent or legal guardian of children under 18.

YOUTH HALL SPACE REQUEST

Name of Club or Organization: _____

Contact Leaders: _____ Phone: _____

Best time to call: _____

Please let us know how much space you anticipate that you will need. We know from experience how hard that can be. If you discover after you sent in your request that needs have changed, do not hesitate to contact us so that we can discuss our options. (388-4969).

- Club exhibits and Educational exhibits will be displayed separate from each other.
- Both of these exhibits consists of table top and backdrop space, unless requested differently.
- Specify preference of outside wall with chains & electricity, or center section without.

A. CLUB EXHIBIT: Total feet requested _____
(without educational exhibit space included)

B. EDUCATIONAL TABLE TOP EXHIBIT(S): Each table top will be given a separate 4 foot space unless requested differently in center section of building. Can be either an individual member or club educational exhibits.

1. _____
2. _____
3. _____

Special Requests: _____

ACTION EXHIBITS: List Titles and/or Descriptions. Activities are scheduled daily at 10:30, 1:30 & 3:30. Use addition pages as needed.

1. _____ Preferred day & time: _____
2. _____ Preferred day & time: _____

List any **woodworking projects** that will be in use that need to be judged: _____ Date available _____

Horse Tack Boxes-members names: _____

Dairy Show Boxes-members names: _____

Return by July 31st to Martha Seifert, UVM Extension
Youth Exhibit Hall, 23 Pond Lane, Suite 30, Middlebury, VT 05753-1292



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YOUTH EXHIBIT HALL VOLUNTEER MONITORS

Each club exhibiting in the Youth Hall is expected to have parents, leaders &/or teen leaders sign-up to help in the Youth Hall. Duties include: making sure exhibits are neat, ribbons are in place, and answer questions from the public. **Please return this form with your preferred time or call the Extension Office (388-4969).** First come first served. You may also sign-up during Field Days at the Exhibit Hall. WITHOUT ADEQUATE VOLUNTEER MONITORS, THE HALL MAY NOT BE STAFFED AT ALL TIMES!

	NAME & PHONE	NAME & PHONE
TUESDAY, 10 A.M.-12:00 P.M.	_____	_____
12 P.M.-2 P.M.	_____	_____
2 P.M.-4 P.M.	_____	_____
4 P.M.-6 P.M.	_____	_____
6 P.M.-8 P.M.	_____	_____
8 P.M.-10 P.M.	_____	_____
<hr style="border: 1px solid black;"/>		
WEDNESDAY, 10 A.M.-2 P.M.	_____	_____
12 P.M.-2 P.M.	_____	_____
2 P.M.-4 P.M.	_____	_____
4 P.M.-6 P.M.	_____	_____
6 P.M.-8 P.M.	_____	_____
8 P.M.-10 P.M.	_____	_____
<hr style="border: 1px solid black;"/>		
THURSDAY, 10 A.M.-12 P.M.	_____	_____
12 P.M.-2 P.M.	_____	_____
2 P.M.-4 P.M.	_____	_____
4 P.M.-6 P.M.	_____	_____
6 P.M.-8 P.M.	_____	_____
8 P.M.-10 P.M.	_____	_____
<hr style="border: 1px solid black;"/>		
FRIDAY, 10 A.M.-12 P.M.	_____	_____
12 P.M.-2 P.M.	_____	_____
2 P.M.-4 P.M.	_____	_____
4 P.M.-6 P.M.	_____	_____
6 P.M.-8 P.M.	_____	_____
8 P.M.-10 P.M.	_____	_____
<hr style="border: 1px solid black;"/>		
SATURDAY, 10 A.M.-12 P.M.	_____	_____
12 P.M.-2 P.M.	_____	_____
2 P.M.-4 P.M.	_____	_____
4 P.M.-6 P.M.	_____	_____
6 P.M.-8 P.M.	_____	_____



PHOTO CONSENT: I, the undersigned, grant permission to ACFFD to use my child's image for use in all media publications, including social media.

x _____
Signature of parent or legal guardian of children under 18.

**2019 OPEN DAIRY SHOW ENTRY FORM
ADDISON COUNTY FAIR & FIELD DAYS, INC.**

Please fill in all the blanks, both top and bottom, for each entry.

Entry deadline is Saturday, July 20, 2019.

Absolutely **NO LATE ENTRIES**, including 4-H members! Please mail entry with fee to:

Stephanie Pope
481 Windy Valley Road
Bridport, VT 05734 Phone: 236-5695

FEES - Checks made payable to "Addison County Fair & Field Days"

\$3.50/each animal entered - # _____ animals x \$3.50 each. . . . \$ _____

Passes @ **\$15.00** each; per rule book \$ _____

Total Enclosed \$ _____

Will these animals be stabled in the 4-H barn? Yes or No

animals under 2yrs in Open Barn _____

animals over 2 yrs age in Open Barn _____

Your Date of Arrival? _____ Departure Date _____

I certify that I will abide by all the terms and conditions pertinent to entering, exhibiting, departure times as described in the rules. I understand that failure to comply with the rules may subject me to forfeiture of any ribbons, premiums, or trophies.

EXHIBITOR NAME _____

PHONE #'S _____

COMPLETE ADDRESS _____



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x _____
Signature of parent or legal guardian of children under 18.

OPEN DAIRY ENTRY

Breed _____ Class # _____ Class Name _____
ANIMAL
NAME _____ Birth Date _____
Sire _____ Dam _____
Latest 305 day
ME Protein Record _____ 4-H Exhibitor? _____
Exhibitor Name _____

~~~~~

Breed \_\_\_\_\_ Class # \_\_\_\_\_ Class Name \_\_\_\_\_  
ANIMAL  
NAME \_\_\_\_\_ Birth Date \_\_\_\_\_  
Sire \_\_\_\_\_ Dam \_\_\_\_\_  
Latest 305 day  
ME Protein Record \_\_\_\_\_ 4-H Exhibitor? \_\_\_\_\_  
Exhibitor Name \_\_\_\_\_

~~~~~

Breed _____ Class # _____ Class Name _____
ANIMAL
NAME _____ Birth Date _____
Sire _____ Dam _____
Latest 305 day
ME Protein Record _____ 4-H Exhibitor? _____
Exhibitor Name _____

~~~~~

Breed \_\_\_\_\_ Class # \_\_\_\_\_ Class Name \_\_\_\_\_  
ANIMAL  
NAME \_\_\_\_\_ Birth Date \_\_\_\_\_  
Sire \_\_\_\_\_ Dam \_\_\_\_\_  
Latest 305 day  
ME Protein Record \_\_\_\_\_ 4-H Exhibitor? \_\_\_\_\_  
Exhibitor Name \_\_\_\_\_

~~~~~

Breed _____ Class # _____ Class Name _____
ANIMAL
NAME _____ Birth Date _____
Sire _____ Dam _____
Latest 305 day
ME Protein Record _____ 4-H Exhibitor? _____
Exhibitor Name _____

~~~~~



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x \_\_\_\_\_  
Signature of parent or legal guardian of children under 18.

**The Vermont Quarter Horse Association**  
**&**  
**Addison County Fair & Field Days**

**Gymkhana Registration Form**

**Date:** Tuesday, August 6, 2019  
(Rain or Shine)

**Time:** 5:00 pm (Registration closes at 4:30 pm)

**Place:** Addison County Field Days  
1790 Field Days Rd  
New Haven, VT

**Contact:** Lori Brown (802) 989-9186  
or Razzschange02@gmail.com

**Cost:** \$30 per horse and rider combo. (Pre-registration is required by July 30th in order to receive a free gate pass for the rider. **(Registrations received after 7/30 will pay a gate fee).**)

**\*\*\*Make checks payable to ACFFD\*\*\***

**Send checks, registration form, and a self addressed stamped envelope to;**

Lori Brown, 5373 Case St, Middlebury, VT 05753

**Rider Info:**

☐ Must have proof of Negative Coggins & Rabies day of Gymkhana.

☐ Riders are required to wear heeled riding boots. **Riders under 18 must wear helmets.**

☐ Must be 18 or older to participate in the Prairie Schooner. Both Team Members must be entered in the Gymkhana in order to compete.

**\*\*\$100 to the winning team of the Prairie Schooner, donated by Mountain's Edge Excavation\*\***

Rider's Name: \_\_\_\_\_ **Check Division:** ☐ PeeWee (10 & under)  
☐ Junior (11-17) ☐ Senior (18 & over)

Horse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ e-mail \_\_\_\_\_

Every effort will be made to ensure the safety of each rider, their horses, and spectators. I hereby release The Vermont Quarter Horse Association, Addison County Fair & Field Days, and /or any of the assistants or volunteers from liability or injury in the event of an accident.

☐ Minors must have a parent or legal guardian sign release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent signature of youth under 18)



**PHOTO CONSENT:** I, the undersigned, grant permission to ACFFD to use my child's image for use in all media publications, including social media.

x \_\_\_\_\_  
Signature of parent or legal guardian of children under 18.

