



4-H DAIRY EXHIBIT ENTRY FORM

NAME _____
 EMAIL _____
 CELL PHONE # _____
 4-H CLUB _____

MEMBER DATE OF BIRTH _____
 AGE AS OF 1/1/24 _____
 PARENTS NAMES _____

FITTING & SHOWMANSHIP CLASS: Member Age as of 1/1/24

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 to 18 years of age

Novice Senior 13 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 #1-15

MEMBER'S NAME _____
 NAME OF ANIMAL _____
 BREED of ANIMAL _____
 RFID 840 & METAL NUES EAR TAGS _____

Bred by the exhibitor? _____
 D.O.B. of animal _____
 CLASS # & NAME _____

MEMBER'S NAME _____
 NAME OF ANIMAL _____
 BREED of ANIMAL _____
 RFID 840 & METAL NUES EAR TAGS _____

Bred by the exhibitor? _____
 D.O.B. of animal _____
 CLASS # & NAME _____

MEMBER'S NAME _____
 NAME OF ANIMAL _____
 BREED of ANIMAL _____
 RFID 840 & METAL NUES EAR TAGS _____

Bred by the exhibitor? _____
 D.O.B. of animal _____
 CLASS # & NAME _____

OVER

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



Signature of parent or legal guardian of children under 18.

4-H DAIRY EXHIBIT CONTINUED

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 with your leader and should have 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:

HOME: _____

WORK: _____

CELL: _____

Name of Physician: _____ Phone: _____

Address: _____

SEND ENTRIES and FEES (payable to ACFFD) by JULY 19, 2024 to:

ROBIN SEVERY
142 HEMENWAY HILL ROAD
SHOREHAM, VT. 05770

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