

FAIR FORMS

Individual forms are available for printing at SCFair.com

2017 SOLANO COUNTY FAIR ENTRY FORM

2017 SOLANO COUNTY FAIR ENTRY FORM

FOR ALL EXHIBITOR ENTRIES - EXCEPT LIVESTOCK

One Exhibitor Per Form - Use Separate Form For Each Category - Forms May Be Photocopied Dates of the 2017 Solano County Fair: Wednesday, August 2 to Sunday, August 6, 2017

ENTRY SUBMISSION DEADLINE: POSTMARKED BY FRIDAY, JUNE 30, 2017

MAIL OR DELIVER TO:

Solano County Fairgrounds

Admin Office - Attn: Entries

00	Fine Art Floricult					ntries			
			1970.1011-1-10	1	valleje, on shoos			r	
	Use Only	Enter Nur Dept.	nbers from G	uidebook Class	Brief Descript	ion of Entry (or Title)		Entry Fee	
1	Ose Omy	Бери.	Division	Class					
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13		,							
14									
15									
CHE	CK NO.		RECEIPT N	0.	Make check payable to: SO	LANO COUNTY FAIR	TOTAL ENTRY FEES		
on Jo The u	bitor's Age anuary 1, 2 ndersigned /she is the	017 I states that: recognized s	Birth Dat	e project of whi	ch the above entries are a part;	I certify that these	entries comply with Loca contained in the Entry Gu	ıl, State and	
 He/she has read and has full understanding of the rules and regulations governing the same and agrees to be governed by them; and He/she acknowledges to have read and agrees to uphold the Solano Fair Exhibitor Agreement. 						Registered and/or Legal	Owner		
Agreement.					Signature				
Club, Chapter, School or "None"					Address				
Sign	ature of In	structor or Lo	cal Leader		-	City, State, ZIP			
Instr	ructor/Lead	ler Phone Nu	mber			Telephone			
Sign	Signature of Parent or Guardian					E-Mail			

CALL (707) 551-2016 OR EMAIL ENTRIES@SCFAIR.ORG FOR INFORMATION AND ASSISTANCE ON COMPLETING THIS FORM

CATEGORY

0

Solano Living

PROGRAM

Adult

YOUTH GROUP

O 4-H

EXHIBITOR CODE

SCFA Use Only

RECIPE FORM – ADULT BAKED FOODS

A completed Recipe Form must accompany all Adult Baked Foods entries

Phone	
Email	
Division	Class
	Email

YOUTH PRESENTATION ENTRY FORM

Exhibitor's Name					Exhibitor Number (Assigned by Fair):
Address					Phone	
City, State, ZIP					Email	
4-H – Identify Club, Chapter, School; Junior: En	ter none.				Exhibitor Birth Date	e
Title of Presentation						
Topic of Presentation					Length of Presenta	tion (Minutes)
Do you need a table? Fair tables are 3 feet by 4 feet. Limited supply.	Yes	□No	Division		ision 496 – 4-H ision 497 – Junior	
Do you need an easel?	Yes	□No	Class		Age 5 to 8 Age 9 to 11	3 – Age 12 to 14 4 – Age 15 to 18r
Do you have any other space needs? Please be specific.						
	<u>Solano C</u>	County Fair You	rth Exhibitor Agre	<u>eement</u>		
As a youth participant at Solano County Fair:					narent, advisor, supervi	sor/leader or any other adult
I believe my participation in the youth program sho ability, knowledge and skill, and my own investment of am exhibiting. I will do my own work and accept only others.	or minor to empl	oy such p	ractices to my project.	sorried de la composition de de la composition della composition d		
I will read and understand the rules and regulation	e Solano	The pres	entation o	of my exhibit at the fair;		
County Fair Exhibitor Guidebook. I ask that my paren project not break any rules or make exceptions on my project to be an example of how to accept what life h	 The production of wholesome food, fiber, clothing and textile within current marketable practices; And the development of sound moral character in others and myself. 					
and how to live with the outcome. I will not use abusive, questionable or unethical techr preparation, presentation or handling of my project. fraudulent, deceptive or illegal practices when prepar exhibition.	I understand that if I, my parents, advisor/leader or other adult or minor connected with my project, break the rules; I must live by the decision of Fair management.					
Exhibitor's Signature					Date	
Parent's Signature					Date	
Leader/Advisor Signature					Date	

2017 SOLANO COUNTY FAIR LIVESTOCK ENTRY FORM

2017 SOLANO COUNTY FAIR LIVESTOCK ENTRY FORM

Dates of 2017 Solano County Fair: Wednesday, August 2 to Sunday, August 6, 2017

Market Entries for Beef, Sheep & Goats due at tagging

ENTRY SUBMISSION DEADLINE: POSTMARKED BY FRIDAY, JUNE 30, 2017

One Exhibitor Per Form Use Separate Form For Each Category Forms May Be Photocopied

Entry No.	Enter Numbers from Guidebook	ers from	_	E	Registration Number		Animal's Name	Breeder Name	Ear Tag, Leg	Sex	Date of	Entry Fee
SCFA Use Only	Dept. Division	\vdash	Class	Animal	Sire	Dam			or lattoo		Birth	
1		1-										
2	-											
3												
4		- 22										
2												
9	1											
7												
80												
6		- 53										
10												
CHECK NO.		REC	RECEIPT NO.	0.		Make check p	Make check payable to: SOLANO COUNTY FAIR	Y FAIR	T T	TOTAL ENTRY FEES	RY FEES	
YOUTH D Exhibitor's Age	IVISION EN	TRIES C	ONLY A	YOUTH DIVISION ENTRIES ONLY MUST COMPLETE or's Age	THIS SECTION		FOR ADULT AND YOUTH ENTRIES Certify that these entries comply with Local, State and Department	YOUTH ENTRIES th Local, State and Depart	ment	Tota	Total Number of Animals Entered	
on January 1, 2017 The undersigned states that:	tates that:	Birth Date	ŧ.			rules c	rules contained in the Entry Guidebook.	ok.	EVITE:	otal Numb Tie Stall	Total Number of Pens / Tie Stalls Requested	
 He/she is the recognized supervisor of the Tohis/her personal and actual knowledge He/she has read and has full understandiand agrees to be governed by them: and 	ognized supervial and actual k and has full und	nowledg lerstand em: and	he proje ge, the s: Jing of th	ict of which the abo tatements regardin, he rules and regulat	 He/she is the recognized supervisor of the project of which the above entries are a part; To his/her personal and actual knowledge, the statements regarding the same are true; He/she has read and has full understanding of the rules and regulations governing the same and agrees to be governed by them: and 		Printed Name of Registered and/or Legal Owner	egal Owner		O ADULT YOUTH O 4-H	ADULT YOUTH 4-H	CODE SCFA Use Only
• He/she acknowle	dges to have re	ad and a	agrees t	• He/she acknowledges to have read and agrees to uphold the Solano	o Fair Exhibitor Agreement.	Ment. Signature	ure.			O FFA O Grang	FFA Grange Open	
Club, Chapter, School or "None"	ool or "None"					Address	523		ž	AIL OR DE Solano Co	MAIL OR DELIVER TO: Solano County Fairgrounds	sp
Signature of Instructor or Local Leader	ctor or Local Le	ader				City, S	City, State, ZIP			Admin Office – Att 900 Fairgrounds D Vallejo, CA 94589	Admin Office – Attn: Entries 900 Fairgrounds Drive Vallejo, CA 94589	ries
Instructor/Leader Phone Number	Phone Number	300				Telephone	hone			CALL (7 ENTR	CALL (707) 551-2016 OR EMAIL ENTRIES@SCFAIR.ORG FOR INFORMATION AND ASSISTANCE ON	OR EMAIL RG FOR STANCE ON
Signature of Parent or Guardian	t or Guardian					E-Mail				COM	COMPLETING THIS FORM	FORM

2017 SOLANO COUNTY FAIR RABBIT ENTRY FORM

2017 SOLANO COUNTY FAIR RABBIT ENTRY FORM

Dates of 2017 Solano County Fair: Wednesday, August 2 to Sunday, August 6, 2017

ENTRY SUBMISSION DEADLINE: POSTMARKED BY FRIDAY, JUNE 30, 2017

One Exhibitor Per Form Use Separate Form For Each Category Forms May Be Photocopied

Entry No.	Enter Numbers from Guidebook	r Numbers fro Guidebook	mo.		Rabbit Information		Animal's Name	Breeder Name	Tattoo	Sex	Date of	Entry Fee
SCFA Use Only	Dept. Div	_	Class	Breed	Color	Broken or Solid					Birth	
1												
2												
3												
4												
2												
9												
7												
80						d						
6												
10												
CHECK NO.			RECEIPT NO.	. NO.		Make check p	Make check payable to: SOLANO COUNTY FAIR	TY FAIR	Ī	TOTAL ENTRY FEES	TRY FEES	
YOUTH	DIVISION	NTRIE	SONL	YOUTH DIVISION ENTRIES ONLY MUST COMPLET	APLETE THIS SECTION	o <u>-</u>	FOR ADULT AND YOUTH ENTRIES	YOUTH ENTRIES		Tot	Total Number of	
Exhibitor's Age on January 1, 2017	17	Birth	Birth Date			I certif rules o	I certify that these entries comply with Local, State and Department rules contained in the Entry Guidebook.	ith Local, State and Depart ok.		Ani otal Num	Animals Entered Total Number of Pens	
The undersigned states that: He/she is the recognized su	states that:	ervisor o	of the pro	The undersigned states that: • He/she is the recognized supervisor of the project of which the above entries are a part;	we entries are a part;	8			13	Tie Sta	Tie Stalls Requested	
 To his/her personal and actual knowledge, the statements re He/she has read and has full understanding of the rules and and agrees to be governed by them; and 	onal and actu d and has full e governed by	al knowl understa y them; a	ledge, th anding o and	 To his/her personal and actual knowledge, the statements regarding the same are true; He/she has read and has full understanding of the rules and regulations governing the s and agrees to be governed by them; and 	agarding the same are true; regulations governing the same	2,000	Printed Name of Registered and/or Legal Owner	Legal Owner	13.	O ADULT YOUTH O 4-H	ADULT YOUTH 4-H	EXHIBITOR CODE SCFA Use Only
 He/she acknowledges to have read and agrees to uphold the 	ledges to hav	e read a	nd agree		Solano Fair Exhibitor Agreement.	ment. Signature	ure				FFA Grange Open	
Club, Chapter, School or "None"	chool or "Non	"e				Address	ss		2	IAIL OR D	MAIL OR DELIVER TO: Solano County Fairgrounds	spu
Signature of Instructor or Local Leader	ructor or Loca	Leader	000			City, Si	City, State, ZIP		4.	Admin C 900 Fair, Vallejo, (Admin Office – Attn: Entries 900 Fairgrounds Drive Vallejo, CA 94589	itries
Instructor/Leader Phone Number	r Phone Num	þer				Telephone	one			CALL (ENTI	CALL (707) 551-2016 OR EMAIL ENTRIES@SCFAIR.ORG FOR INFORMATION AND ASSISTANCE ON	OR EMAIL NG FOR
Signature of Parent or Guardian	ent or Guardia	<u>=</u>				E-Mail			1	9	COMPLETING THIS FORM	FORM

HORSE SHOW ENTRY FORM

Exhibitor's Name			Exhibitor Number (A	Assigned by Fair):			
Address				-	Phone		
City, State, ZIP				-	Email		
4-H – Identify Club, Cha	pter, School; Junior: Enter	none.		-	Exhibitor Birth Date		
Name of Horse				[Horse Leased? Horse Owned?	Attach copy of lease.	
Division	ior	☐ 1 — Showmanship☐ 2 — Bareback☐ 3 — English Equit☐ 4 — English Pleas	ration	5 – Western 6 – Western 7 – Western 3 – Trail Cou	Pleasure Horsemanship	9 – Single St. 10 – Pole Be	ending
Fair Use Only Check N	Number			Entry	Fee Per Class	\$4.50	
Receipt	Number			Total	Number of Classes		
·				Total I	Due	\$	
Parent's Signature				-	Date		
Leader/Advisor Signatu	re			-	Date		
Leader/Advisor Signatu	SOLANO COUNTY FAIR	ASSOCIATION RELEAS	SE OF LIABILITY F				
cause injury, damage or departicipate in the Solano Co Fairgrounds, I hereby volun County of Solano, the State agents and elective and appincluding property damage liability of every kind, natur my participation in the Sola effect of releasing, discharg actions or causes of action future, whether known or to by me. By signing this Release, I as damage, personal injury or	te to their size and temperame ath. In consideration for being bunty Fair Horse Show at the Starily release the Solano Count of California and each agency cointed boards, from all claims, personal injury, including determined to a county Fair Horse Show. Tiging, waiving, and forever reling that I may have or have had, wunknown, and whether anticipusume full responsibility for an death suffered by me while perhow, even if such injuries or diverse.	g permitted to olano County of Fair Association, the vits officers, employees, s, losses, damages, eath, costs and other indirectly arising from his Release has the equishing any and all whether past, present or ated or unanticipated by and all property articipating in the	representative, children. I understand the entities, or any injury or proper County Fair Hor lawsuit would be risks of participal understand the will be giving up this document of I acknowledge to language in it, a potential danger	heirs, assigns at if I were to of their office ty damage su se Show, this e dismissed c ation in the So at if I am sign of the same rig on my own be hat I have rea nd that I ente irs incidental	me, my spouse, and any children and any gua file a lawsuit against a ers, agents or employe ffered by me while pa Release would operat the grounds that I holano County Fair Hors ing this Release on bel that for said minor, as least.	rdian ad litem for said any of the above-name es as result of any per- rticipating in the Solar e to bar the lawsuit ar ave expressly assumed e Show. half of my minor child, would be giving up if anderstand the words have been advised of the Solano County Fair Ho	ed sonal no nd the d the that I I signed and
Exhibitor Signature	Print Name	Date	I am the parer release on bel	nt or legal gua	ARENT/GUARDIAN REL Irdian of the minor Exh nor.		this
Witness	Print Name	Date	Parent/Guardi	an Signature	Print Name		ate

DOG SHOW ENTRY FORM

This show is open to residents of Solano County or members of a Solano County 4-H Club, FFA Chapter or Recognized Grange.

Members should be regularly enrolled in a Dog Care and Training projects.

Exhibitor's Name		Exhibitor Number (Assig	ned by Fair):
Address		Phone	
City, State, ZIP		Email	
Club (4-H, FFA, Grange or Independent)		Exhibitor Birth Date	
Dog's Name		Breed	
Division 695 – Junior: 13 & Under Class	1 – Sub Novice A First Year Exhibiting / First Year Dog	7 – Showmanship Junior	
696 – Senior: 14 to 18	2 – Sub Novice B Experienced Handler / Inexperienced Dog	8 – Showmanship Novice	e Senior
	3 – First Year Off Leash	9 – Showmanship Senior	
	4 – 2 or More Years Off Leash	10 – Musical Sit (On Leash	1)
	5 – Graduate Novice	11 – Egg & Spoon Race (d	on Leash)
	6 – Showmanship Novice Junior	12 – Cracker Barrel Race	(on Leash. Teams of 2.)
Fair Use Only Check Number	Entry Fee Per Class	Number of Classes	
Receipt Number	Classes 1 to 10: \$3.00		\$
	Classes 11 to 13: \$1:00		\$
		TOTAL DUE	\$
The undersigned states that: •He/she is the recognized supervisor of the project of •To his/her personal and actual knowledge, the state •He/she has read and has full understanding of the ru He/she acknowledges to have read and agrees to uph	ments regarding the same are true; ules and regulations governing the same a	nd agrees to be governed by tl	hem; and
Exhibitor's Signature		Date	
Parent's Signature		Date	
Leader/Advisor Signature		Date	

RV TRAILER APPLICATION FOR LIVESTOCK EXHIBITORS

All RV trailer spaces will be assigned by Fir staff. Requests for specific spaces will be considered, but not guaranteed

Exhibitor	's Name			_	Space Nun	nber (Assigned by Fair):
Address				_	Home Pho	ne
City, State	e, ZIP			_	Cell Phone)
Adult Cha	aperone			_	Email	
Year	Make	Model			Length	RV License Number
Insurance RV Style Special Re	Pull Trailer	☐ 5 th Wheel ☐ Motor Home quests will be considered, but not gu	_	er]Yes No	o Prefe	er Sewer Service? Yes No
	Junior Exhibitor 150 for how long?	Open Exhibitor \$75 for 3-day Space	Solan 900 F	submit comple to County Fair airgrounds Di jo, CA 94589	Exhibits Office	on and appropriate fees to: ce
		adult chaperone, acknowledges that no Fair Entry Guidebook.	t they have read and	l agree to abio	de by, the Tra	iler Space Rules as outlined in the
Signature			Print Name			Date

2017 SOLANO COUNTY "WE'RE ALL FAMILY" AWARD ENTRY AND CONSENT FORM

	ider my art entry/entries for the Solano Co 'entries are selected as a We're All Family A	•
	consent for Solano County Family Health Se allejo.	rvices to display my art at its clinics in Fairfield, Vacaville or
Co		r approximately two years – August 2017 to after the 2019 Solano County Family Health Services to display the art for a longer lisplay period.
	2 Years 3 Years	4 Years 5 Years
lu	understand I will receive no further comper	sation for my artwork beyond any premiums received.
Ho ha Do	ealth Services clinics as it is for display at the andling exhibits; however, no responsibility	e while the art is on display at one of the Solano County Family e Solano County Fair, which states: "Greatest care will be taken in for loss or damage of any kind can be assumed by the Art ion, the County of Solano or its agents. Any insurance desired on
	of the display period, you will be contacted ormation changes, please keep us informed	by the Solano County Fair Association to pick up your art. If your .
Printed Name o	f Registered and/or Legal Owner	
Signature		
Address		
City, State, ZIP		
Telephone		
E-Mail		
Exhibitor ID: _		R SCFA USE ONLY
	Description:	Display Location:
	Description:	
	Description:	
Entry ID:	Description:	Display Location: