

**PLEASE PRINT** 

## **2020 CALHOUN COUNTY FAIR**

**EXHIBITOR FORM** 

## Instructions:

- 1. One person per entry form
- 2. Use separate forms for Youth/Open/Special Events
- 3. Must include name, age, birthdate, address, and email
- 4. Must have last four digits of SS# for Youth
- 5. Must have complete SS# for Open

PAGE OF	
Name of Club:	

Name:		Birthdate:		Youth Exhibitor # (last four digits of SS#):
Mailing Addre	SS:			Open Exhibitor # (complete SS#):
City:		State:	Zip:	Phone:
				Email (required):
DEPT	DIVISION CLASS CLASS DE		CLASS DES	SCRIPTION (as printed in fair book)

		** OFFICE U	SE ONLY **			
2021 CCAIS Mem	bership (includes fair	Qty x	\$25 = \$			
Entry Fee (one pe	r person – Open/Yout		\$10 = \$			
Livestock Pen Fee	es:					
Cavies, G	erbils, Poultry, Rabbits	Qty x	\$1 = \$			
All Other Animals Housed on Grounds				Qty x	\$3 = \$	
** Household cap of \$40 on Youth Entry Fees **						
Cash	Check	Check #	CC	Staff	_ TOTAL	

Register online at: www.CalhounCountyFairgrounds.com

## 2020 Calhoun County Fair Code of Conduct / Media / Medical Release

	Code of Conduct / Medica / Medical Release
Participant Name:	Phone:
Organization:	Area of Participation:
SECTION 1 – Code of Conduct	
	nities to the participants, parents, leaders and vendors. A code of conduct will be used, but parents, or volunteers if it's not enforced.
•	s subject to the observance of the rules. Anyone who violates the Code of Conduct is subject scipline will be handled by the CCAIS Board of Directors and the Fair Manager.
Participants will:	
<ul> <li>Abstain from harassment or bulling of others</li> <li>Discrimination will not be tolerated (gender,</li> <li>Not cheat or falsely represent the efforts related</li> </ul>	ence towards others.  while at a youth event.  mauthorized material to the fairgrounds (including explosives, weapons or similar items)  (face to face interactions, social media, or other communication venues)  race, age, sexual orientation, religion, national origin, disability or appearance)  ted to fair activities.  Conduct and agree to abide by the rules stated above. I understand I may be removed as a
Participant Signature	Date:
Parent/Guardian Signature	Date:
•	I my image and/or voice for use by the fairgrounds for promotional programs. I understand
	ributed, without payment or fees in perpetuity.
Participant Initial:	
Parent/Guardian Initial:	Parent/Guardian must initial if participant is under the age of 18.
SECTION 3 – Official Medical Treatment	Release
volunteers and staff overseeing the even advance for emergency care, as deemed	County Fair, medical treatment on an emergency basis may be necessary. I recognize that t may be unable to contact me for my consent in an emergency. I herby give consent in necessary under the circumstances and assume the expense of such care. I also authorize plete insurance claims and authorize insurance payment directly paid to the medical facility.
Emergency Contact:	Phone:
Participant Initial:	Parent/Guardian Initial: Parent/Guardian must initial if participant is under 18.
I agree to all terms listed on this form.	Date:
Participant Signature:	
Parent/Guardian Signature:	Parent/Guardian must sign if participant is under the age of 18