

## Master Exhibitor and Skillathon Registration Form

### CHECK ONLY THOSE THAT APPLY TO THIS REGISTRATION

Which Species for Master Exhibitor and/or Which Species for Skillathon

Ear Tag #	Ear Tag #
<b>Master Exhibitor</b>	<b>Skillathon</b>
<input type="checkbox"/> Hog	<input type="checkbox"/> Hog
<input type="checkbox"/> Lamb	<input type="checkbox"/> Lamb
<input type="checkbox"/> Steer	<input type="checkbox"/> Steer
<input type="checkbox"/> Goat	<input type="checkbox"/> Goat

Exhibitor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Exhibitor's Age \_\_\_\_\_ Club Name \_\_\_\_\_

Exhibitor's Phone Number \_\_\_\_\_

- In order to be eligible for this award, all of the above information must be completed, signed by the exhibitor and parent or guardian, and **returned to the Gallia County Extension Office by July 1st**. It is the exhibitor's responsibility to see that this form is received by the Extension Office.
- I hereby certify that the above information is correct. Providing false information may result in disqualification from the current and/or future fairs.

Parent/Guardian Signature \_\_\_\_\_

Exhibitor Signature \_\_\_\_\_

## Master Exhibitor and Skillathon Registration Form

### CHECK ONLY THOSE THAT APPLY TO THIS REGISTRATION

Which Species for Master Exhibitor and/or Which Species for Skillathon

Ear Tag #	Ear Tag #
<b>Master Exhibitor</b>	<b>Skillathon</b>
<input type="checkbox"/> Hog	<input type="checkbox"/> Hog
<input type="checkbox"/> Lamb	<input type="checkbox"/> Lamb
<input type="checkbox"/> Steer	<input type="checkbox"/> Steer
<input type="checkbox"/> Goat	<input type="checkbox"/> Goat

Exhibitor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Exhibitor's Age \_\_\_\_\_ Club Name \_\_\_\_\_

Exhibitor's Phone Number \_\_\_\_\_

- In order to be eligible for this award, all of the above information must be completed, signed by the exhibitor and parent or guardian, and **returned to the Gallia County Extension Office by July 1st**. It is the exhibitor's responsibility to see that this form is received by the Extension Office.
- I hereby certify that the above information is correct. Providing false information may result in disqualification from the current and/or future fairs.

Parent/Guardian Signature \_\_\_\_\_

Exhibitor Signature \_\_\_\_\_



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES



CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: [go.osu.edu/cfaesdiversity](http://go.osu.edu/cfaesdiversity)

[gallia.osu.edu](http://gallia.osu.edu)