

CHAMBERS COUNTY YOUTH PROJECT SHOW OFF PREMISES FORM

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBERS: _____

ORGANIZATION/CLUB: _____ ADVISOR _____

MARKET DIVISION ENTERED: _____

ADDRESS WHERE ANIMAL IS KEPT: _____

DIRECTIONS TO PLACE ANIMAL WILL BE KEPT

REASON ANIMAL IS NOT BEING KEPT AT RESIDENCE

I, the undersigned understand that all animals must be owned, fed, and cared for by the exhibitor at the exhibitor's residence. All entries can be visited at least one time during the feeding period. If entry is found being raised off residence and the Livestock Advisory Committee did not grant permission, the exhibitor cannot show the entry.

Property Owners Signature: _____

Parent Signature: _____

Exhibitor Signature: _____

Date: _____

APPROVED _____ DENIED _____

REASON DENIED: _____