

2024 PERRY COUNTY FAIR QUEEN CONTESTANT BIOGRAPHICAL INFORMATION

Contestant's Name _____

Parent's Name: _____

Address: _____

State: PA Zip: _____ Phone: (717) _____

Age: _____ Date of Birth: _____

High School: _____ College: _____

E-mail: _____

Year of High School/College will you begin in the Fall? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH A BRIEF EXPLANATION:

What are your career goals?

What have been your primary scholastic achievements?

Involvement in extra school curricular activity?

Awards or honors you may have received?

Your involvement in your Community, Church or other?

What are your hobbies or special interests?

Your employment experiences (if any)?

List any other information you feel is important.

Mail complete form with photo to: Martha Ebersole, 640 Dellville Road, Duncannon, PA 17020

OVER & COMPLETE

PLEASE WRITE IN 300 WORDS OR LESS YOUR THOUGHTS ON "WHAT MY FAIR MEANS TO MY COMMUNITY." WRITE ON THE BACK OF THIS PAGE. If you need additional space, you may attach additional sheets.

PERRY COUNTY COMMUNITY FAIR
ENTRY FORM
ADULT & YOUTH

YOUTH: 8 - 18 MUST LIST AGE _____ YOUTH BIRTH DATE ____/____/____
Month/ Day/ Year

Name _____ Telephone _____

Address _____ Town _____ Zip Code _____

	Dept	Section	Class	Description
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

* I understand and agree, I have 60 days to cash any Premium Check I receive. (Within 60 days of the issue date) Uncashed checks; 60 days after date of issue will revert back to the "Perry County Community Fair" as a DONATION.

Exhibitor's Signature: _____ Entry Deadline: July 26, 2024

Return to: Cindy McHenry
1720 Middle Ridge Road
Newport, PA 17074

Additional Entry Form for all Departments

Use to add Additional Exhibits
Antique Farm Machinery, Home & Produce

Name _____

	Dept.	Section	Class	Description
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____

* I understand and agree, I have 60 days to cash any Premium Check I receive. (Within 60 days of the issue date) Uncashed checks; 60 days after date of issue will revert back to the "Perry County Community Fair" as a DONATION.

Exhibitor's Signature: _____

Entry Deadline: July 26, 2024

Return to: Cindy McHenry
1720 Middle Ridge Road
Newport, PA 17074

ALL LINES MUST BE COMPLETED FOR ENTRY

**Perry County Fair – BREEDING ANIMALS (DAIRY, DAIRY GOATS, BREEDING BEEF)
ENTRIES & PAYMENT DUE BY: FRIDAY, JULY 26, 2024**

Return Entries and Registration Fee to:
 Perry County Extension Office
 PO BOX 129
 New Bloomfield PA 17068
 (717) 582-5150

Entry Fee Must be Enclosed: \$4.00/animal entry
 Date of Entry _____ x \$4.00 = \$_____ enclosed.
Checks Payable to "Perry County Fair"

Exhibitor Name: _____ Farm or Herd Name: _____
 Address: _____
 Phone: _____ Email: _____
 Jr. Exhibitor DOB: _____ Jr. Exhibitor Age as Jan. 1: _____

NOTE: DAIRY EXHIBITORS – Must provide a copy of the Animal's Certificate of Registration with Entry Form

I would like to participate in the Dairy Fitting Contest _____ 8-11 yrs. _____ 12-14 yrs. _____ 15-21 yrs.
Participants will use their own dairy animal that will be exhibited in the Dairy Show on Thursday, August 15, 2024

I attest and affirm that a "veterinary-client-patient relationship" – as that is defined in the *Animal Exhibition Sanitation Law found at 3 Pa. C.S.A 2501 et seq. and any amendments thereto* – exists with regard to any animals I will be exhibiting.

I have read and understand Rules and Code of Ethics on Page 3Y – 5Y of the Fair Book and will abide by them.

Signature, Owner, or Authorized Exhibitor _____ Date _____

EXAMPLE ENTRY:

ENTRY #	4-H, FFA, OPEN	ANIMAL REGISTERED NAME	ANIMAL DATE OF BIRTH	BREEDER NAME
	ENTRY # W/ LETTER	ANIMAL REGISTRATION #	EARTAG / TATOO	OWNER NAME
1	4-H	Smith Farm Cow Name	3-9-2023	Joe Smith
	2-1-08	840000038480212	913	Dan Smith
2	OPEN	Hoover Alpine Farm	3-13-19	Tina Johnson
	6-1-7	AA57392058	REF218	Tina Johnson

ALL LINES MUST BE COMPLETED FOR ENTRY

ENTRY #	4-H, FFA, OPEN ENTRY # W/ LETTER	ANIMAL REGISTERED NAME		ANIMAL DATE OF BIRTH		BREEDER NAME	
		ANIMAL REGISTRATION #		EARTAG / TATTOO		OWNER NAME	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

ALL LINES MUST BE COMPLETED FOR ENTRY

**Perry County Fair – MARKET ANIMALS (BEEF, LAMB, GOAT, HOGS)
ENTRIES & PAYMENT DUE BY: FRIDAY, JULY 26, 2024**

Return Entries and Registration Fee to:
 Perry County Extension Office
 PO BOX 129
 New Bloomfield PA 17068
 (717) 582-5150

Entry Fee Must be Enclosed: \$4.00/animal entry
 Date of Entry _____ x \$4.00 = \$ _____ enclosed
 # entries _____
Checks Payable to "Perry County Fair"

Exhibitor Name: _____ Farm or Herd Name: _____
 Address: _____
 Phone: _____ Email: _____
 Jr. Exhibitor DOB: _____ Jr. Exhibitor Age as Jan. 1: _____

- I attest and affirm that a "veterinary-client-patient relationship" -- as that is defined in the Animal Exhibition Sanitation Law found at 3 Pa. C.S.A 2501 et seq. and any amendments thereto -- exists with regard to any animals I will be exhibiting.
- I have read and understand Rules and Code of Ethics on Page 3Y – 5Y of the Fair Book and will abide by them.

Signature, Owner, or Authorized Exhibitor _____ Date _____

EXAMPLE ENTRY: ALL LINES MUST BE COMPLETED FOR ENTRY

4-H, FFA, OPEN	CLASS ENTRY #	CLASS NAME	ANIMAL SEX	PCYL TAG # (yellow fair tag)	RFID (840) or SCRAPIE TAG #
4-H	6-3	Market Goat	F	#317	PA1749103
FFA	5-2	Market Hog	M	#68	840004234452123
OPEN	4-3	Market Lamb	M	#122	PABE184021
4-H	3-3	Market Steer	M	#12	840003758204018

Class Entry #'s:

Market Beef: Entry # 3-3 Market Lamb: Entry # 4-3 Market Swine: Entry # 5-2 Market Goat: Entry # 6-3

ALL LINES MUST BE COMPLETED FOR ENTRY

**Perry County Fair – 4-H, FFA, OPEN RABBIT SHOW
ENTRIES & PAYMENT DUE BY: FRIDAY, JULY 26, 2024**

Return Entries and Registration Fee to:
Perry County Extension Office
PO BOX 129
New Bloomfield PA 17068
(717) 582-5150

Entry Fee Must be Enclosed: \$4.00/animal entry
Date of Entry _____
entries _____ x \$4.00 = \$ _____ enclosed
Checks Payable to "Perry County Fair"

**ONLY ALLOWED TO ENTER 4 RABBITS/CLASS
ALL rabbits & meat pens cannot be removed
from the fairgrounds until 10:00pm
on Saturday, August, 2024**

Exhibitor Name: _____
Address: _____
Phone: _____ Email: _____
DOB: _____ Age as Jan. 1: _____

Rabbit Hemorrhagic Disease (RHD) is a highly contagious disease caused by a calicivirus. Prior to 2020 it was assumed that the virus only affected rabbits of the Oryctolagus cuniculus species. This includes wild and domestic European rabbits, which our domesticated rabbits are descended from. However a new variant of the virus is now able to infect North American native rabbits or hares, such as our cottontails, snow hares, or jackrabbits. The Rabbit Fair Committee will cancel the fair show if within a 50-mile radius, there is a confirmed outbreak of RCV/RHD/VHD in domestic rabbits within the past 30 days of the show

- I confirm that the rabbits entered in the show have not originated from a state with a confirmed RHD outbreak in the 12 months.
- I attest and affirm that a "veterinary-client-patient relationship" – as that is defined in the *Animal Exhibition Sanitation Law found at 3 Pa. C.S.A 2501 et seq. and any amendments thereto* – exists with regard to any animals I will be exhibiting.

Signature, Owner, or Authorized Exhibitor _____ Date _____

EXAMPLE ENTRY: *NOTE: if entering class #17 & #18 – Other Purebred – please specify breed*

4-H, FFA, OR OPEN	# CODE - BREED	LETTER CODE - AGE/SEX	DATE OF BIRTH OF ENTRY	TATTOO (LEFT EAR)	ENTRY NAME (OPTIONAL)
4-H	1 – Californian	A – Sr. Buck	10/31/23	RZ11	"Bugs"
Open	6 – Mini Lop	F – Junior Doe	3/3/24	RZ6	"Cottontail"
4-H	1A – Showmanship	Senior			
FFA	4 – Meat Pen		6/12/24	RZ1, RZ2, RZ3	

