

Name _____
Address _____
City _____
Phone _____ Zip Code _____
Email _____

(Please print clearly)

ONE BREED PER PAGE PLEASE.

Do you need signs made? Yes _____ No _____

LATE ENTRIES MAY BE REFUSED

(Please check one)

Solanco Fair Dairy Entry Form

MUST Mail or Hand Deliver To

Mrs. Cindy Bollinger

107 Center Rd

Quarryville, Pa 17566

Phone: 717-786-3963

Owner: _____ Breed: _____

Animal's Name: _____ Reg. # _____

Birth Date: _____ Class: _____

Sire: _____ Dam: _____

Breeder: _____ Barn Ear Tag/ Tattoo # _____

Division Entered: (Circle one only) Open 4-H FFA Dept 11 (Jr. Open not in 4-H or FFA)

Group Class (circle all that apply) 16 17 18 19 20 (see premium list for class number)

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