

OPEN NOVICE SWINE IDENTIFICATION FORM

DUE BY MAY 15, 2021

Attach photo
of youth with
pig here.

Exhibitor's Name: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Telephone: _____ Current Grade: K 1 2 3 4
(please circle grade)

I hereby certify that I have an active role in the care of the pig in my novice pig project.

Signature of Exhibitor: _____

* * * * *

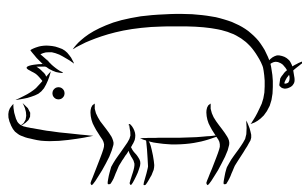
I, _____ parent/guardian of _____
PARENT/GUARDIAN'S NAME EXHIBITOR'S NAME

certify that he/she has permission to participate in the Novice Pig Showman class at the Central Iowa Fair. I am confident my child can handle the pig that he/she is showing. I will hold harmless the Marshall County Extension Service, the Central Iowa Fair and their agents in case of injury or accident.

Parent/Guardian's signature **Date** **Phone**

Pig's Name: _____

Pig's Birth Date: _____



Breed: _____

Return completed form and a picture of pig with the exhibitor, **by May 15**, to the Extension office located at 2608 S. 2nd Street, Suite E in Marshalltown or by email to mcarl@iastate.edu

Central Iowa Fair entry is due at on fairentry.com by June 15, 2021.