White Copy: Fair Office Yellow Copy: Exhibitor

269-473-4251

Office:

REGISTRATION FORM

Berrien County Youth Fair Association, Inc.

P.O. Box 7

Berrien Springs, MI 49103

www.bcyf.org

Have you exhibited within the past two years? YES

NO.DCY

1st INITIAL OF LAST NAME PLUS LAST 4 DIGITS OF *EXHIBITORS* SOC. SEC. #

Must have with registration

Exhibitor's Name (Last, First & Middle Initial)			Date of Birth	Age of Exhibitor (as of Jan. 1 of current year)	
Street Address			Phone Number	Name of Parents:	
City	State	Zip	Email		

If MARKET ANIMAL is housed other than home address, you MUST list address: Street: City, State, Zip: Phone:

Dept.	Div.	Class	Class Description	Market Ear Tag (Office use ONLY)	Official Animal Identification Number
			No.		
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[6]					

^{***}I wish to donate my premium money to Berrien County Youth Fair, I do not want a check issued: