



INTENT TO SELL FORM

FILL OUT ONE (1) FORM FOR EACH PROJECT ENTRY

Please use home contact information, not school or club information.

SPECIES: STEER LAMB SWINE GOAT TURKEY RABBIT (QTY: __) CHICKEN (QTY: __)

EXHIBITORS NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: (____) _____

EMAIL ADDRESS: _____

Category: FFA OPEN

4-H CLUB/FFA CHAPTER NAME (if applicable): _____

PROJECT ANIMAL BREED/VARIETY: _____

COLOR/MARKING/DESCRIPTION: _____

RABBITS:

OWNERSHIP DATE OF DOE: _____ EXPECTED KINDLE DATE: _____

I/we agree to grant to PCYMS and its authorized representatives' permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochures, or other printed materials used to promote PCYMS, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

This is to certify that I plan to exhibit and sell this animal at the Pierce County Fair Market Sale held in conjunction with the Pierce County Fair, understanding that my official fair entry form is due on the dates as indicated above and in the premium book.

EXHIBITOR SIGNATURE: _____ DATE _____

We the undersigned, by virtue of our signatures, certify that: we have read the Rules and Regulations containing rules and regulations and agree to them concerning the Market Animal Sale for exhibitors as stated. We are aware that failure to comply with these rules and regulations may result in not being allowed to sell in this sale or future Pierce County Market Animal auctions.

Pierce County Fair Association and Pierce County Fair Foundation DBA Pierce County Youth Market Sale are separate entities.

All parties involved in the Pierce County Youth Market Sale hold harmless the Pierce County Fair Association, Pierce County, it's officials, employees, volunteers, and agents of any and all damages, cost or expenses in law or equity, including attorney's fees, costs and expenses that may at any time arise because of damages to property, bodily injury, including death or personal injury received by reason or action or omission by PCYMS.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

FFA ADV/4-H LEADER SIGNATURE: _____ DATE _____
(if applicable)

ALL FORMS MUST CONTAIN EXHIBITOR & PARENT/GUARDIAN SIGNATURE BEFORE THEY ARE SUMITTED

Scanned PDFs may be emailed to: info@pcyms.org *(no cell phone photos please)*

Paper copies can be mailed to: PCYMS PO BOX 1362; Graham, WA 98338