



PO Box 633, Bay City, MI 48707 (989) 895-3744

## Bay County Fair & Youth Exposition Exhibitor/Pen Fee Form & Checklist

Exhibitor's Name: \_\_\_\_\_  
 Club(if applicable): \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Animal Project Area	Pen Fee	Number of Projects	Total Pen Fee	# of Pens Needed
Cattle	\$7.00/head			
Sheep	\$4.00/head			
Goat	\$4.00/head			
Swine	\$4.00/head			
Horse	\$15.00/stall			
Rabbit	\$2.00/head			
Chicken	\$2.00/head			
Turkey	\$2.00/head			
Goose	\$2.00/head			
Duck	\$2.00/head			
Pheasants	\$2.00/cage			
<b>Each Exhibitor pays the Exhibitor Fee once. Cloverbuds pay pen fees, but do not pay an Exhibitor Fee.</b>				<b>Total Pen Fees</b>
<b>Exhibitor Fees*</b>	<b>Fee</b>	<b>Number Requested</b>	<b>Total Fees</b>	
4-H Exhibitor Fee, covers the first 15 still projects. Add'l fee starts on the 16 <sup>th</sup> entry	\$8.00			
4-H Additional Exhibits, up to 35 exhibits	\$1.00/each			
Open Exhibitor Fee, covers the first 10 still projects. Add'l fee starts on the 16 <sup>th</sup> entry	\$12.00			
Open Additional Exhibits, Up to 15 exhibits	\$2.00/each			
				<b>Total Exhibitor Fees</b>
<b>Other Fees*</b>				
Camping w/2 weekly parking passes	\$50.00/site			
Weekly Parking Pass	\$15.00/pass			
				<b>Total Other Fees</b>

**Fees must be paid upon registration. No Refunds or Exchanges**

**Grand Total of All Fees Due**

Payment can be made with cash, check, or credit card. Cash payments accepted in person only. Please make checks payable to BCFYE. If paying by credit card, please complete the following:  
 Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Security Code/CVV \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 Name on Credit Card \_\_\_\_\_  
 Signature of Cardholder \_\_\_\_\_

**Return all forms to BCFYE, PO Box 633, Bay City, MI 48707**

**Entries due by July 21.**



# Entry Form

PO Box 633, Bay City, MI 48708 989-895-3744

<b>Exhibitor Number</b> _____
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Exhibitor Name	4-H Club Name:	<input type="checkbox"/> 4-H Youth <input type="checkbox"/> Cloverbud <input type="checkbox"/> Open (adult/non-4-H)
Address:	Phone number:	Age (as of January 1st):
City & Zip Code:	E-mail address:	Birth Date: MM/DD/YY
Parent First & Last Name: (For 4-H and Open Youth)	New Exhibitor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs Request?

**\*I agree to abide by all rules of the BCFYE as stated in the current BCFYE fair book\***

Exhibitor Signature (required) \_\_\_\_\_

**Please fill out a separate entry form for Still, Livestock, and Horses**

	Dept	Class	Lot	Class Description (as printed in fair book)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
<input type="checkbox"/> Please check box if you would like to donate your premiums back to the BCFYE					