



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				
Each Exhibitor pays the Exhibitor Fee once. Cloverbuds pay pen fees, but do not pay an Exhibitor Fee.				Total Pen Fees	\$
Exhibitor Fees*	Fee	Number Requested	Total Fees		
4-H Exhibitor Fee, covers the first 15 still projects. Add'l fee starts on the 16 th 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 th entry	\$12.00				
Open Additional Exhibits, Up to 15 exhibits	\$2.00/each				
4-H Cloverbuds 5 – 8 yrs old	-None-			Total Exhibitor Fees	\$
Other Fees*					
Camping w/2 weekly parking passes	\$75.00/site				
Weekly Parking Pass	\$15.00/pass				
				Total Other Fees	\$

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 25.



Manual Entry Form

(On Line Registration: www.baycountyfair.com)
 PO Box 633, Bay City, MI 48708 989-895-3744

Exhibitor Number _____

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.					
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17.					
18.					
19.					
20.					
<input type="checkbox"/> Please check box if you would like to donate your premiums back to the BCFYE					