**JIM WELLS COUNTY FAIR**
**MARKET STEER DIVISION** **DATE & TIME:** **2nd SATURDAY of JUNE (06/13), JIM WELLS COUNTY FAIRGROUNDS, 8:00 A.M. TO 10:00 A.M.**
**FAMILY VALIDATION FORM**

***INSTRUCTIONS:***
ONE FORM PER FAMILY
COMPLETE SECTION 1 FOR EACH EXHIBITOR IN FAMILY
PLEASE PRINT
PRESENT THIS FORM TO VALIDATION OFFICIALS AT TIME OF PROCESSING
**NOTE:** *This is **not** an entry card*

## SECTION 1

| NAME(S) OF EXHIBITOR(S)<br>List each exhibitor individually | DATE OF BIRTH | NAME OF 4-H CLUB OR FFA CHAPTER<br>(Example: Alice FFA, Lone Star 4-H) | NAME OF SCHOOL (CAMPUS) ATTENDING 2026-2027<br>(Example: Alice High School, Salazar Elementary) | GRADE 2026-2027 |
|---|---|---|---|---|
| EXHIBITOR 1. | 1> | 1> | 1> | 1> |
| EXHIBITOR 2. | 2> | 2> | 2> | 2> |
| EXHIBITOR 3. | 3> | 3> | 3> | 3> |
| EXHIBITOR 4. | 4> | 4> | 4> | 4> |
| EXHIBITOR 5. | 5> | 5> | 5> | 5> |
| EXHIBITOR 6. | 6> | 6> | 6> | 6> |

| EXHIBITOR'S COMPLETE MAILING ADDRESS | PHYSICAL ADDRESS **(LOCATION WHERE ANIMAL(S) WILL BE KEPT)** | EXHIBITOR'S PHONE NUMBER |
|---|---|---|
| | | |

**Street; P.O. Box; City; State; Zip Code**

| NAME OF FATHER OR GUARDIAN | NAME OF MOTHER OR GUARDIAN | **EXHIBITOR'S EMAIL ADDRESS** |
|---|---|---|
| | | |

## SECTION 2

TO BE COMPLETED BY VALIDATION OFFICIALS

| TAG # | WGT | TAG # | WGT | TAG # | WGT | TAG # | WGT | TAG # | WGT |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

EXHIBITOR VALIDATION FEE: THREE HEAD PER EXHIBITOR = NO CHARGE, $5.00/HEAD FOR ADDITIONAL
**VALIDATION FEES MUST BE PAID AT VALIDATION**