

PLATTE COUNTY FAIR STALL RESERVATION FORM

(One Per Exhibitor, Per Club)

PLEASE RETURN THIS FORM BY 5:00 P.M. JUNE 14, 2024 WITH PAYMENT.

Exhibitors showing Beef, Dairy, Goat, Horse, Poultry, Rabbit, Sheep and Swine must complete this form.

All 4-H & FFA animals staying at the fair must be recorded on this sheet so the amount of pens/stalls required can be determined. Number of animals allowed per pen/stall is indicated in parenthesis.

One tack space will be provided for clubs to share at no charge.

Please state number of pens/stalls requested.

_____ Tack Space for Beef Only
(\$5.00 per 4 feet of space)

_____ Breeding Goats (2)
(\$5.00 total for first two pens/\$20.00 each additional pen)

_____ Breeding Beef (1)
(\$5.00 per 4 feet of space)

_____ Market Goats (2)
(\$5.00 total for first two pens/\$20.00 each additional pen)

_____ Market Beef (1)
(\$5.00 per 4 feet of space)

_____ Breeding Sheep (2)
(\$5.00 total for first two pens/\$20.00 each additional pen)

_____ Cow/Calf Pair (1)
(\$5.00 per 4 feet of space)

_____ Market Sheep (2)
(\$5.00 total for first two pens/\$20.00 each additional pen)

_____ Feeder Calf (1)
(\$5.00 per 4 feet of space)

_____ Breeding Swine (2)
(\$5.00 total for first two pens/\$20.00 each additional pen)

_____ Bucket Calf (1)
(\$5.00 per 4 feet of space)

_____ Market Swine (2)
(\$5.00 total for first two pens/\$20.00 each additional pen)

_____ Dairy Cow (1)
(\$5.00 per 4 feet of space)

_____ Horse (1)
(\$5.00 per stall)

_____ Rabbit (1)
(\$0.25 per pen)

_____ Poultry (1)
(\$0.25 per pen)

_____ Broilers (pen of 3 birds)
(\$0.25 per pen)

**FOR CLOVER KID LIVESTOCK STAYING FOR
DURATION OF FAIR & REQUESTING
THEIR OWN STALL/PEN**

***Do have option to arrive & leave day of show.**

_____ Bucket Calf (1)
(\$5.00 one 4 feet of space)

_____ Goat (1)
(\$5.00 one pen)

_____ Dairy Calf (1)
(\$5.00 one pen)

_____ Sheep (1)
(\$5.00 one pen)

_____ Swine (1)
(\$5.00 one pen)

Exhibitor _____ Club _____

**Payment must accompany form.
Make checks payable to Platte County 4-H Council.**

FOR OFFICE USE ONLY

Date _____ Amount Paid \$ _____

Office Initials _____ Check _____ Cash _____