

GREASED PIG CONTEST

WEDNESDAY, JULY 24 * 7:00PM * GRASSY CORNER
ENTRY DEADLINE: WEDNESDAY, JULY 17 * 4:00PM * NO LATE ENTRIES

- Participants must have facilities to keep and raise the pig if they win.
- Entrants are limited to residents of Sublette County School Districts No. 1 and No. 9.
- Winners must join 4-H or FFA and show at the 2020 Sublette County Fair.
- Two pigs will be awarded in each age group and winners will receive their pigs in the spring of 2020.
- There is a \$200 limit on donation. WINNERS MUST CONTACT THE DONOR!
- Entrants must not have won in previous years.
- Entrants must have completed this form before being allowed to enter the contest.
- For more information, please contact Kailey at 307-276-5373 or Steve at 307-367-4380.

2019 WINNERS & DONORS

•Justin Kersey•
•Liberty Vrska•

NAME: _____ DATE OF BIRTH: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ PHONE NUMBER: _____
AGE GROUP(CIRCLE ONE): 8-9 10-11 12 & OLDER
AGE IS DETERMINED AS OF JANUARY 1, 2020



I hereby give permission for my son / daughter; below named, to participate in any or all events in the Greased Pig Contest in connection with the 2019 Sublette County Fair; and hereby assume all risks of personal injury and property damage for, and on behalf, of my son / daughter arising out of his / her participation therein and hereby agree to hold and save harmless the sponsors and the contest manager, and any other individual, organization, or firm connected with such event, from any liability and responsibility for personal injury or property damage that may be suffered by my son / daughter during his / her participation in such contest and from any liability of any kind that may arise while said program is being carried out in so far as our son / daughter, above named, is concerned. This agreement is made in consideration of him / her being permitted to participate in the Greased Pig Contest.

CONTESTANT NAME: _____
PARENT / GUARDIAN NAME: _____
PARENT / GUARDIAN SIGNATURE: _____
DATE: _____ MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ PHONE NUMBER: _____
WITNESS SIGNATURE: _____