

OWYHEE COUNTY FAIR BOARD

PO Box 695 Homedale, ID 83628 - (208)337-3888 - www.OwyheeCounty.net

OWYHEE COUNTY BOUNDARY EXCEPTION PETITION

Instructions-

- You only need to submit this petition if you are <u>not</u> a resident of Owyhee County. (We strongly encourage exhibitors to participate in the fair of their county of residence.)
- This petition must be submitted <u>every year</u>, even if you have exhibited/shown at the Owyhee County Fair in previous years.
- This petition must be submitted/postmarked no later than January 1st.
- Completed forms should be submitted to:

Owyhee County Fair Board PO Box 695 Homedale, ID 83628

Applicant Information (Please Print)-

| Applicant Name | | Resident County | | Age |
|--|-------|------------------|-------|------|
| Physical Address | | City | State | Zip |
| Mailing Address (if different) | | City | State | Zip |
| Phone | | Email | | |
| 4-H Club/FFA Chapter | | School Attending | | |
| Project Information- How many projects do you Livestock Projects (circle | · | now? | | |
| Refe | SHEEP | Goat | Ç | WINE |

Important Notices -

- Determination of this petition is in the sole discretion of the Owyhee County Fair Board. Approval is not guaranteed.
- Late submissions will not be accepted.
- Providing false information in this petition will result in a denial, even if a petition is initially approved.
- If an approval is granted, it is conditional upon the applicant's completion of the requirements for the project to be exhibited.

| THE CIGO ECUACITITY CHAPTEL MAYISON | 4-H Club Leade | r/FFA Chapte | r Advisor - |
|-------------------------------------|----------------|--------------|-------------|
|-------------------------------------|----------------|--------------|-------------|

| As the leader/advisor of the accurate and true. | e above youth, I attest the info | rmation in this petition to be |
|---|----------------------------------|--------------------------------------|
| 4-H Leader or FFA Advisor (plea | ise print) | |
| 4-H Leader or FFA Advisor Signo | ature | Date |
| Parent/Guardian- As legal guardian of the aboand true. | ove youth, I attest the informa | tion in this petition to be accurate |
| Parent Name (please print) | | |
| Parent Signature | | Date |
| Phone | Email | |
| Official Use Notes: | Approved | Denied |