



# 2017 AKSARBEN Stock Show Honor Show Chow Fitting Challenge Team Entry Form



Note: Entries to be completed and returned by August 10th  
AKSARBEN 4-H Stock Show, 7101 Mercy Rd, Suite 320, Omaha, NE 68106

**ENTRY FEE:** \$60 per team. Please attach a separate check addressed to AKSARBEN  
**See premium book for a complete list of rules.**

The Fitting Challenge is open to multiple 3-Member Teams. 3-Member Teams can be made up of exhibitors from the same county and/or adjacent counties. Each 3-Member Teams must have either one member 13 years of age or younger or have at least one member of the opposite gender.

(Please Type or Print Clearly with Complete Information)

**State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Team 1:** \_\_\_\_\_ - \_\_\_\_\_  
County or Counties Team Name Team Captain's Name

<u>Name</u>	<u>Address</u>	<u>City State Zip</u>	<u>Age</u>	<u>Birth Date</u>	<u>Parents Name</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
alternate	_____	_____	_____	_____	_____

**Team 2:** \_\_\_\_\_ - \_\_\_\_\_  
County or Counties Team Name Team Captain's Name

<u>Name</u>	<u>Address</u>	<u>City State Zip</u>	<u>Age</u>	<u>Birth Date</u>	<u>Parents Name</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
alternate	_____	_____	_____	_____	_____

**Person validating entries: (Please Type/Print)**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title