

GREASED PIG CONTEST

WEDNESDAY, JULY 22 * 7:00PM * GRASSY CORNER

ENTRY DEADLINE: WEDNESDAY, JULY 15 * 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 2021 Sublette County Fair.
- One pig will be awarded in each age group and winners will receive their pigs in the spring of 2021.
- 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 Jen at 307-367-4380.

2020 WINNERS & DONORS

- Randa Whinnery - Office Outlet
- Gentry Greene - JJ's Concessions

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, 2021



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 2020 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: _____