



VAN BUREN COUNTY DIFFERENTLY ABLED ENTRY FORM  
(Due to the Van Buren 4-H Office by 5:00 p.m., June 15)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

AGE AS OF JANUARY 1: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

TEEN SPONSOR (for animals): \_\_\_\_\_

4-H Sponsor Club: \_\_\_\_\_

ENTRIES  
(Brief Description)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby recognize and agree to follow the rules of the Differently Abled Show and certify that the above individual is eligible to show in this event. I hereby authorize Van Buren County Youth Fair and/or MSU Extension/4-H to photograph the individual(s) noted above and use their image(s) in educational and/or promotional materials.

\_\_\_\_\_  
EXHIBITOR

\_\_\_\_\_  
PARENT

DATE: \_\_\_\_\_