



Independent Exhibitor Application
Applications due December 31, 2025

Exhibitor Name: _____ Date of Birth: _____

Exhibitor Phone Number: _____ Exhibitor E-Mail Address: _____

Exhibitor Mailing Address: _____

Exhibitor Physical Address: _____

Species Exhibitor Desires to Show: _____

Have you previously been affiliated with 4-H/Grange/FFA? Yes _____ No _____

If yes, please list all clubs/chapters: _____

Why do you want to show as an independent? _____

Supervising Adult Name: _____

Supervising Adult Phone Number: _____

Supervising Adult Mailing Address: _____

Supervising Adult Physical Address: _____

Relationship with Exhibitor: _____

Comments: _____

Supervising Adult must always be over 25 years of age and on the grounds and available on a 15-minute call during Fair time activities.

Age of independent exhibitors is determined as of **January 1, 2026**.

Exhibitor Signature _____

Supervising Adult Signature _____

Please email applications to Cheyenne Erickson, CEO at ceo@ccfair.org

Accepted: _____ Rejected: _____ Date: _____ By: _____