

OFFICIAL DAIRY CATTLE ENTRY BLANK

September 29 - October 8, 2023

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2023

DO NOT FAX ENTRIES!!!

NOTE: ANY EXHIBITOR WITH PREMIUMS TOTALING \$600 OR MORE WILL BE REQUIRED TO FURNISH COMPLETE W-9 BEFORE PAYMENT WILL BE ISSUED. SEE ENTRY FORM SECTION FOR W-9 FORM. EXHIBITOR WILL BE NOTIFIED WHEN TOTAL PREMIUMS HAVE BEEN DETERMINED.

FOR FAIR USE ONLY

Exhibitor No. _____

Postmark Date _____

Date _____

Amount Paid \$ _____

Deposit No. _____

ENTRY FEES

Separate entry blank for each exhibitor for each breed.

Number of Animals

Breed: _____

_____ Dairy Cattle for Open Show
(if postmarked on or before
09/01) \$15 ea. Dairy Cattle \$ _____

_____ for Open Show (if
postmarked 09/02
to 09/11) \$25 ea. \$ _____

Total Enclosed \$ _____

No entries will be accepted if postmarked after 09/11.

ENTRY FEES - JR. EXHIBITORS ONLY

Separate entry blank for each exhibitor for each breed.

Breed: _____

_____ Dairy Cattle for Junior Show
(if postmarked on or
before 09/1) \$ No Fee

_____ Dairy Cattle for Junior Show
(if postmarked 09/02
to 09/11) \$15 ea. \$ _____

Total Enclosed \$ _____

Mail entries with check or money order to:

CITY OF WINSTON-SALEM

P.O. BOX 68

WINSTON-SALEM, NC 27102

TELEPHONE: (336) 727-2236

Separate entry blank must be used by each exhibitor for each breed. No entries will be accepted unless complete information is furnished and fees enclosed.

I have read and understand, and in consideration for being permitted to exhibit at the Carolina Classic Fair, agree and consent to abide by the rules and regulations, including the IAFE (International Association of Fairs and Expositions) National Code of Show Ring Ethics as posted in the Show Ring Office. I further declare that all statements made are true. "I HEREBY ENTER ANIMALS AT MY OWN RISK SUBJECT TO THE RULES & REGULATIONS OF THE FAIR. I HEREBY AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE FAIR AND THE CITY OF WINSTON-SALEM, ITS AGENTS, EMPLOYEES, OFFICERS AND CONTRACTORS FROM ALL CLAIMS, LOSSES, INJURIES, OR DAMAGES OF ANY NATURE ARISING FROM, BY OR TO SAID ANIMALS" (OWNER & EXHIBITOR MUST SIGN BELOW OR ENTRY WILL BE RETURNED).

NOTE: JR. EXHIBITORS: I CERTIFY THAT I HAVE FITTED AND CARED FOR ANIMALS EXHIBITED FOR 60 DAYS. (MUST BE SIGNED):

<p>MUST CHECK ONE (Prize monies will be paid to the one checked)</p> <p><input type="checkbox"/> Exhibitor (Provide SSN)</p> <p><input type="checkbox"/> Farm (Provide Federal Tax ID)</p>	<p>Exhibitor: _____ Signature: _____</p> <p>Guardian/Parent: _____ (for Jr. Exhibitor) (print) (signature)</p> <p>Social Security Number (REQUIRED): XXX-XX- [] [] [] [] (Last 4 digits of social security number for each exhibitor must be provided. If not provided, entry will not be accepted. *See Note.)</p> <p>Address: _____ Street City State Zip</p> <p>E-Mail: _____</p> <p>Owner Signature: _____</p> <p>Farm Name: _____ Phone: _____</p> <p>Address: _____ Street City State Zip</p> <p>Federal Tax ID Number (REQUIRED): _____ (must be provided and correspond with Farm name or entry will not be accepted)</p>
	<p>Age of Jr. Exhibitor As Of 01/01/22</p> <p>_____</p>

PLEASE FILL OUT COMPLETELY! (Type or print clearly)

ENTRY BLANK MAY BE COPIED IF NEEDED.

Dept. Letter & Class #	Sex	Name of Animal	Registration #	Date of Birth	Name of Sire	Registration #

** NOTE - Errors or omissions in premium payments must be reported to the Fair Administrative Office by December 31 or payment will not be made. **

**** HEALTH CERTIFICATES FOR OUT OF STATE ANIMALS ONLY MUST BE CHECKED BEFORE UNLOADING ANIMALS AT FAIRGROUNDS ****

(SEE REVERSE SIDE FOR ADDITIONAL ENTRY SPACE)

