

OFFICIAL DAIRY GOAT ENTRY BLANK

JUNIOR DOE

September 29 - October 8, 2023

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2023

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.

DO NOT FAX ENTRIES!

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

FOR FAIRUSE ONLY

Exhibitor No. _____
 Postmark Date _____
 Date _____
 Amount Paid \$ _____
 Deposit No. _____

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).

MUST CHECK ONE
 (Prize monies will be paid to the one checked)

Exhibitor
 (Provide SSN)

Farm
 (Provide Federal Tax ID)

Exhibitor: _____ **Signature:** _____
(Last 4 digits of social security number for each exhibitor must be provided. If not provided, entry will not be accepted. *See Note.)

Social Security Number (REQUIRED): XXX-XX- [] [] [] []

Address: _____
Street City State Zip

E-Mail: _____

Owner Signature: _____

Farm Name: _____ **Phone:** _____

Address: _____
(complete mailing address)

Federal Tax ID Number (REQUIRED): _____
(must be provided and correspond with Farm name or entry will not be accepted)

ENTRY FEES
 Separate entry blank for each exhibitor.

Breed: _____

_____ Entry fees (if postmarked on or before 09/01) \$10 ea. animal _____

_____ \$ Entry fees (if postmarked 09/02 - 09/11) \$15 ea. animal _____

\$ _____

Total Enclosed \$ _____

LIMIT OF 20 ANIMALS PER FAMILY

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

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.

ENTRY BLANK MAY BE COPIED IF NEEDED.

PLEASE FILL OUT COMPLETELY! (Type or print clearly)

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

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

(SEE REVERSE SIDE FOR ADDITIONAL ENTRY SPACE)

