

OFFICIAL DAIRY GOAT ENTRY BLANK

SENIOR DOE

September 29 - October 8, 2023

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2023

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. _____

NOTE: ANY EXHIBITOR WITH PREMIUMS TOTALING \$600 OR MORE WILL BE REQUIRED TO FURNISH A 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.

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).

<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><small>(Last 4 digits of social security number for each exhibitor must be provided. If not provided, entry will not be accepted. *See Note.)</small></p> <p>Social Security Number (REQUIRED): XXX-XX- <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>Address: _____</p> <p style="text-align: center;"><small>Street City State Zip</small></p> <p>E-Mail: _____</p> <p>Owner Signature: _____</p> <p>Farm Name: _____ Phone: _____</p> <p>Address: _____</p> <p style="text-align: center;"><small>Street City State Zip</small></p> <p>Federal Tax ID Number (REQUIRED): _____</p> <p style="text-align: center;"><small>(must be provided and correspond with Farm name or entry will not be accepted)</small></p>
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ENTRY FEES	
<small>Separate entry blank for each exhibitor.</small>	
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 \$ _____	

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.

PLEASE FILL OUT COMPLETELY! (Type or print clearly)

ENTRY BLANK MAY BE COPIED IF NEEDED.

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)

