

YOUTH DAIRY GOAT ENTRY BLANK

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 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 RE-LEASE, 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).

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: _____ **Phone:** _____

PLEASE FILL OUT COMPLETELY! (Type or print clearly)

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.

SEE PREMIUM LIST FOR ALL RULES AND REGULATIONS GOVERNING LIVESTOCK, INCLUDING HEALTH REGULATIONS, ARRIVAL TIMES, RELEASE TIMES, ETC.

**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 FAIR USE ONLY

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

ENTRY & PEN FEES

Separate entry blank for each exhibitor and each show.

Breed: _____

_____ Pens (if postmarked on or before 09/01) No Fee
 # _____ Pens (if postmarked 09/02 to 09/11) \$10 ea. \$ _____

Total Enclosed \$ _____

**Age of Exhibitor
As Of 01/01/19**

No Entries will be accepted if postmarked after 09/10.

Mail entries with check or money order to:
CITY OF WINSTON-SALEM
 P.O. BOX 68
 WINSTON-SALEM, NC 27102
 TELEPHONE: (336)727-2236

ENTRY BLANK MAY BE COPIED IF NEEDED.

Dept. Letter & Class #	Name of Animal and Breed	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)

