ENTRY FEES Separate entry blank for each exhibitor for each breed. Number of Animals Breed:		OFFICIA (FOR FAIR USE ONLY Exhibitor No.						
	Cattle for Open Show	DEADL			EPTEMBER 1	, 2025	Postmark Date		
before # Dairy	e 09/01) \$15 ea. \$ Cattle for Open Show stmarked 09/02)	SEND IN WIT	IRE YOU COMPETE A W-9 TRY FORM. THIS IS NEEDE ADE TO YOU AFTER THE FA		EDED FOR PAY-	Amount Paid \$			
JR.	Total Enclosed \$ I have read and understand, and in consideration for being permitted to exhibit at the Dixie Classic Fair, agree and rules and regulations, including the IAFE (International Association of Fairs and Expositions) National Code of Show the Show Ring Office. I further declare that all statements made are true. "I HEREBY ENTER ANIMALS AT MY OWN RULES & REGULATIONS OF THE FAIR. I HEREBY AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE WINSTON-SALEM, ITS AGENTS, EMPLOYEES, OFFICERS AND CONTRACTORS FROM ALL CLAIMS, LOSSES, INJU ANY NATURE ARISING FROM, BY OR TO SAID ANIMALS" (OWNER & EXHIBITOR MUST SIGN BELOW OR ENTRY WINSTORM ANY NATURE ARISING FROM, BY OR TO SAID ANIMALS" (OWNER & EXHIBITOR MUST SIGN BELOW OR ENTRY WINSTORM AND HOLD HARMLESS IN CERTIFY THAT I HAVE FITTED AND CARED FOR ANIMALS EXHIBITE (MUST BE SIGNED):						of Show Ring Ethics as posted in MY OWN RISK SUBJECT TO THE SS THE FAIR AND THE CITY OF ES, INJURIES, OR DAMAGES OF NTRY WILL BE RETURNED).		
# Dairy Cattle for Junior Show (if postmarked on or \$ before 09/1) No Fee # Dairy Cattle for Junior Show (if postmarked 09/02) \$15 ea.			Guardian/F (for Jr. Exhibi	Exhibitor: Guardian/Parent: (for Jr. Exhibitor) (print)		Signature:(signature)			
Mail entries CITY	Total Enclosed \$ Mail entries with check or money order to: CITY OF WINSTON-SALEM		E-Mail:	Address:Street E-Mail:			State Zip		
CAROLINA CLASSIC FAIR P.O. BOX 68 WINSTON-SALEM, NC 27102 TELEPHONE: (336)727-2236		Age of Jr. Exhibitor As Of 01/01/25	Farm Name	Farm Name: Phone:					
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.				Street City State Zip Federal Tax ID Number (REQUIRED):					
PLEASE FILL OU	JT COMPLETELY! (Type or print clearly)				EN	TRY BLANK MAY BE CO	OPIED IF NEEDED.		
Dept. Letter & Class #	ex Name of Animal	Regi	stration #	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 **

DAIRY CATTLE

PLEASE FILL OUT COMPLETELY! -- (Type or print clearly)

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