

OFFICIAL ADULT MINIATURE HORSE ENTRY BLANK

October 3 - October 12, 2025

ENTRY FORM MAY
BE COPIED IF NEEDED.

FOR FAIR USE ONLY

Exhibitor No. _____

Postmark Date _____

Date _____

Amount Paid \$ _____

Deposit No. _____

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2025

**NOTE: PLEASE MAKE SURE YOU COMPLETE A W-9 FORM AND SEND IN WITH YOUR ENTRY FORM.
THIS IS NEEDED FOR PAYMENTS TO BE MADE TO YOU AFTER THE FAIR.**

**DO NOT
FAX ENTRIES!**

Mail entries with check or money order to:
CITY OF WINSTON-SALEM / CAROLINA CLASSIC FAIR

P.O. BOX 68
WINSTON-SALEM, NC 27102
TELEPHONE: (336)727-2236

I have read and understand, and in consideration for being permitted to exhibit at the Dixie 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).

Exhibitor: _____ Signature: _____

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)

Guardian/Parent: _____

(for Jr. Exhibitor) (print) (signature)

ENTRY FEES PER ANIMAL

_____ Miniature Horse Show \$ _____
(if postmarked on or
before 09/01) **\$5 ea.**
_____ Miniature Horse Show \$ _____
(if postmarked 09/02)
\$10 ea.

_____ **Total Enclosed** \$ _____

***** 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.

No entries will be accepted unless complete information is furnished and fees enclosed.

PLEASE FILL OUT COMPLETELY! (Type or print clearly)

Horses Name	Showmanship	Halter Class	Obstacle	Costume

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

(SEE REVERSE SIDE FOR ADDITIONAL ENTRY SPACE)

BEEF CATTLE

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

[illegible]