

OFFICIAL SHEEP & JR. SHEEP ENTRY BLANK

October 3 - October 12, 2025

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2025

DO NOT
FAX ENTRIES!

FOR FAIR USE ONLY

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

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.

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).

NOTE: JR. EXHIBITORS: I CERTIFY THAT I HAVE FITTED AND CARED FOR ANIMALS EXHIBITED FOR 60 DAYS. (MUST BE SIGNED):

<input type="checkbox"/>	Exhibitor: _____ Signature: _____
	Guardian/Parent: _____ (for Jr. Exhibitor) (print) (signature)
<input type="checkbox"/>	Address: _____ Street City State Zip
	E-Mail: _____
	Owner Signature: _____
	Farm Name: _____ Phone: _____
	Federal Tax ID Number (REQUIRED): _____ (must be provided and correspond with Farm name or entry will not be accepted)

ENTRY FEES PER ANIMAL

Separate entry blank for each exhibitor.

Breed: _____
_____ Animals (if postmarked on or before 09/01) \$3 ea.
_____ Animals (if postmarked 09/02 - 09/11) \$6 ea.

Total Enclosed \$ _____

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

**** 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.

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 #	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)

SHEEP & JR. SHEEP

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

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