

OFFICIAL DAIRY GOAT ENTRY BLANK

SENIOR DOE

October 3 - October 12, 2025

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!

**** 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. _____

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).

<input type="checkbox"/> <input type="checkbox"/>	Exhibitor: _____ Signature: _____
	Address: _____ Street City State Zip
	E-Mail: _____
	Owner Signature: _____
	Farm Name: _____ Phone: _____
	Address: _____ Street City State Zip
	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: _____
_____ Entry fees (if postmarked on or before 09/01) \$10 ea. animal \$ _____
_____ Entry fees (if postmarked 09/02 - 09/11) \$20 ea. animal \$ _____
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

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)

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

[illegible]