YOUTH DAIRY GOAT ENTRY BLANK

October 3 - October 12, 2025

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2025

NOTE: PLEASE MAKE SURE YOU COMPETE 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).

Exhibitor:		Signature:		
Address:	Street	City	State	Zip

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 informationis 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 FEES PER ANIMAL
	Separate entry blank for each exhibitor and each show.
Age of Exhibitor	Breed:
As Of 01/01/25	# Animals (if postmarked on or before 09/01) No Fee # Animals (if postmarked 09/02) \$
	\$3 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

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 * *

YOUTH DAIRY GOAT

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Name of Animal and Breed	Registration # / Tattoo	Birth	Name of Sire	Registration #