

OFFICIAL MEAT GOAT ENTRY BLANK

October 3 - 12, 2008

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2008

NOTE: ANY EXHIBITOR WITH PREMIUMS TOTALING \$600 OR MORE WILL BE REQUIRED TO FURNISH COMPLETE SS# BEFORE PAYMENT WILL BE ISSUED. EXHIBITOR WILL BE NOTIFIED WHEN TOTAL PREMIUMS HAVE BEEN DETERMINED.

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"/> Exhibitor MUST CHECK ONE (Prize monies will be paid to the one checked) <input type="checkbox"/> Farm	Exhibitor: _____ Signature: _____ (Last 4 digits of social security number for each exhibitor must be provided. If not provided, entry will not be accepted. *See Note.)
	Social Security Number (REQUIRED): XXX-XX-____ County: _____ Address: _____ (complete mailing address)
	E-Mail: _____ (For Confirmation of Entries)
	Owner Signature: _____
	Farm Name: _____ Phone: _____
	Address: _____ (complete mailing address)
	Federal ID Number (REQUIRED): _____ (must be provided and correspond with Farm name or entry will not be accepted)

ENTRY FEES

Separate entry blank for each exhibitor.

Breed: _____
 # _____ Entry fees (if postmarked on or before 09/01) \$4 ea. animal \$ _____
 # _____ Entry fees (if postmarked 09/02 - 09/11) \$8 ea. animal \$ _____
Total Enclosed \$ _____

No Entries will be accepted if postmarked after 09/11.

Mail entries with check or money order to:
 DIXIE CLASSIC FAIR P.O. BOX 7525,
 WINSTON-SALEM, NC 27109-7525
 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 MUST BE CHECKED BEFORE UNLOADING ANIMALS AT FAIRGROUNDS ****

(SEE REVERSE SIDE FOR ADDITIONAL ENTRY SPACE)

