

# OFFICIAL DAIRY GOAT ENTRY BLANK

## SENIOR DOE

October 3 - 12, 2008

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2008

**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. \_\_\_\_\_

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.

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).

### 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

Exhibitor

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.)

**MUSTCHECKONE**  
 (Prize monies will be paid to the one checked)

Social Security Number (REQUIRED): XXX-XX- [ ] [ ] [ ] [ ] County: \_\_\_\_\_

Address: \_\_\_\_\_  
 (complete mailing address)

Farm

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)

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)

