

OFFICIAL BEEF CATTLE ENTRY BLANK JUNIOR SHOW ONLY

September 28 - October 07, 2018

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2018

**ENTRY BLANK MAY
BE COPIED IF NEEDED.**

FOR FAIR USE ONLY

Exhibitor No. _____

Postmark Date _____

Date _____

Amount Paid \$ _____

Deposit No. _____

**DO NOT
FAX ENTRIES!**

NOTE: ANY EXHIBITOR WITH PREMIUMS TOTALING \$600 OR MORE WILL BE REQUIRED TO FURNISH A COMPLETE W-9 BEFORE PAYMENT WILL BE ISSUED. SEE ENTRY FORM SECTION FOR W-9 FORM. 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).

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

Mail entries with check or money order to:
CITY OF WINSTON-SALEM / DIXIE CLASSIC FAIR
P.O. BOX 68
WINSTON-SALEM, NC 27102
TELEPHONE: (336)727-2236

**ENTRY FEES -
JR. EXHIBITORS ONLY**

Separate entry blank for each exhibitor for each breed.

_____ Beef Cattle for Junior Show (if postmarked on or before 09/01) \$ No Fee

_____ Beef Cattle for Junior Show (if postmarked 09/02 to 09/11) \$10 ea.

_____ **Total Enclosed** \$ _____

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

* * * * 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.

**Age of Exhibitor
As Of 01/01/18**

Exhibitor: _____ Jr. Signature: _____

Guardian/Parent: _____
(For Jr. Exhibitor) (print) (signature)

Social Security Number (REQUIRED): XXX-XX- [][][][][]
(Last 4 digits of social security number for each exhibitor must be provided. If not provided, entry will not be accepted. *See Note.)

Address: _____
Street City State Zip

E-Mail: _____

Owner Signature: _____

Farm Name: _____ Phone: _____

No entries will be accepted unless complete information is furnished and fees enclosed.

PLEASE FILL OUT COMPLETELY! (Type or print clearly)

Dept. Letter & Class #	Sex	Name of Animal	Breed	Registration #	Date of Birth	Name of Sire

Errors or omissions in premium payments must be reported to the Fair Administrative Office by December 31 or payment will not be made.

* * HEALTH CERTIFICATES FOR OUT OF STATE ANIMALS ONLY MUST BE CHECKED BEFORE UNLOADING ANIMALS AT FAIRGROUNDS * *

(SEE REVERSE SIDE FOR ADDITIONAL ENTRY SPACE)

