

OFFICIAL BEEF CATTLE ENTRY BLANK

October 4 - October 13, 2019

DEADLINE FOR ENTRIES - SEPTEMBER 1, 2019

ENTRY BLANK MAY
BE COPIED IF NEEDED.

FOR FAIR USE ONLY

Exhibitor No. _____

Postmark Date _____

Date _____

Amount Paid \$ _____

Deposit No. _____

**DO NOT
FAX ENTRIES!**

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

NOTE: ANY EXHIBITOR WITH PREMIUMS TOTALING \$600 OR MORE WILL BE REQUIRED TO FURNISH A COMPLETED 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).

MUST CHECK ONE (Prize monies will be paid to the one checked)	Exhibitor: _____ Signature: _____ (Last 4 digits of social security number for each exhibitor must be provided. If not provided, <u>entry will not be accepted.</u> *See Note.)
	Social Security Number (REQUIRED): XXX-XX- [][][][]
<input type="checkbox"/> Exhibitor (Provide SSN)	Address: _____ Street City State Zip
<input type="checkbox"/> Farm (Provide Federal Tax ID)	E-Mail: _____ Owner Signature: _____ Farm Name: _____ Phone: _____
	Address: _____ (complete mailing address)
	Federal Tax ID Number (REQUIRED): _____ (must be provided and correspond with Farm name or <u>entry will not be accepted</u>)
	Guardian/Parent: _____ (for Jr. Exhibitor) (print) (signature)

ENTRY FEES	
# _____	Beef Cattle for Open Show \$ _____ (if postmarked on or before 09/01) \$10 ea.
# _____	Beef Cattle for Open Show \$ _____ (if postmarked 09/02 to 09/11) \$20 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.

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

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

*Angus, Any Other Breed and Shorthorn check in 8-10am, Wed. Oct. 9th - Open Show Only

* Red Angus, Herford, Simmental check in 10am - Noon, Wed. Oct. 9th

(SEE REVERSE SIDE FOR ADDITIONAL ENTRY SPACE)

