Ranch Name _____
Exhibitors Name _____
Social Security # _____
Address _____
City _____ State _____ Zip _____
Phone _____ County _____
For more info about the Fair, please include your e-mail
_____
{ } Check here if under 21 years of age

Entry Form due July 8, 2009
For additional entry blanks, contact the Fair office or download from our website at www.ndstatefair.com

Return to:

ND State Fair
PO Box 1796
Minot ND 58702
Fax: 701-857-7622

(Office Use Only)
Arrival Date _____
Arrival Time _____
Release Date _____
Release Time _____

ENTRY FORM for: (please circle species) BEEF, DAIRY, GOATS, SHEEP, SWINE

USE ONE ENTRY FORM PER SPECIES.
USE ONE LINE PER ANIMAL.
EXHIBITOR MUST CHECK IN WITH DEPARTMENT SUPERINTENDENT UPON ARRIVAL

NAME OF BREED _____ Total No. of Head _____ Total No. of Entries _____

4-H Lot #	FFA Lot #	ND Jr. Beef, Swine & Lamb Shows	Open Show Class & Lot	Sex	Description Of Animal	Animals name as shown on Reg. Certificate	Tattoo/Tag Number	Owners Name	Reg. No.	Date of Birth	Name of Sire & Dam	Reg. No.	Entry Fee

EXHIBITOR ENTRY STATEMENT

I hereby certify that I have reviewed and accept the rules established by the Fair Association in the premium list & on the back of this form. Premium payment cannot be made to an exhibitor who does not furnish a social security # or Federal I.D. #. I have read and understand, consent to, and agree to abide by the IAFE (International Association of Fairs and Expositions) National Code of Show Ring Ethics as stated in the premium list of this event. A separate copy may be obtained on request from the show organizer.

X _____ DATE _____

X _____ DATE _____
Jr. Exhibitors must have parent's/guardian's signature here

***Only livestock &/or horse exhibitors will be allowed to have dogs on the fairgrounds in camping areas as well as in the livestock &/or horse barns, but under NO circumstances, will dogs be allowed beyond the south end of these barns**

**Method of Payment:
Check OR Charge my VISA MC DISCOVER
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (3 digit code located on back of card) _ _ _
Signature _____ Exp. Date _____
(Required if using credit card)

(Official Use Only)
Receipt # _____
Amount Paid $ _____

X _____ Date _____
County 4-H Extension Agent
I certify the above name to be a member in good standing

Total Entries $ _____
Stalls $ _____
Person Passes x $20 $ _____
4-H/FFA Pass x $5 $ _____
Auto Pass $2/day $ _____
LIMIT ONE VEHICLE PER FAMILY
Circle Days Needed: July 24, 25, 26, 27, 28, 29, 30, 30, Aug. 1
(Auto Passes Not Sold At Gate)
TOTAL $ _____

X _____ Date _____
FFA Advisor
I certify the above name to be a member in good standing