ND STATE FAIR BEEF SHOWS ENTRY FORM: OPEN CLASS • 4-H • FFA (Online entry: www.ndstatefair.com/exhibit)

Exhibitor's Name_____

Address _____

City_____ State_____ Zip_____

Daytime Phone_____ Cell Phone_____

Email_____

County where enrolled in 4-H_____

FFA Chapter_____

Office Use Only

Receipt # _____Amount Paid $ _____

Barns will be locked until 3p.m. on THURSDAY. No early arrivals or releases.

UPDATED HEALTH REGULATIONS: Before unloading livestock, a state veterinarian must check all livestock to insure health and well-being of all animals exhibiting at the ND State Fair.

Please return completed entry to: **ND State Fair**
PO Box 1796 • Minot, ND 58702
Fax: 701-857-7622

If questions, contact Shelly at 701-857-7620 or competitive@ndstatefair.com

4-H Class #	FFA Class #	ND Jr. Beef Class #	Open Show Division / Class #	Sex	Breed	Animal's Name as Shown on Registration Certificate	Tattoo / Tag #	Owner's Name	Registration Number	Date of Birth	Entry Fee
		O / 11	J / 14	F	Shorthorn	HBS Miss Leading Lady 052Y	052Y	Bobby Jones	4206924	10/11/2014	16.00

EXHIBITOR STATEMENT
I hereby certify that I have reviewed and accept the rules Established by the Fair Association in the premium list and on this entry form. Premium payment cannot be made to an exhibitor who does not furnish a social security number or Federal I.D. number. 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.

_____
Exhibitor's Signature *Date*

_____
Guardian's Signature (if Jr. Exhibitor) *Date*

County Agent / FFA Advisor
Signature _____ Date _____
I certify the above named to be a member in good standing.

METHOD OF PAYMENT

☐ Check OR Charge my Credit Card: ☐ VISA ☐ MC ☐ DISCOVER

Number on Card _____

CVC _____ Exp Date _____

Signature (required if using credit card for payment) _____

Total Entry Fees $ _____
____Stalls X $14.00 $ _____
____Adult Season x $25 $ _____
____4-H/FFA Pass x $10 $ _____
____Auto Pass x $5/day $ _____
TOTAL $_____

Limit 1 vehicle per family (not sold at gate)
Mark days needed:

☐ July 21 ☐July 22 ☐July 23
☐ July 24 ☐July 25 ☐July 26
☐ July 27 ☐July 28 ☐July 29