

# ND STATE FAIR DAIRY SHOWS ENTRY FORM: OPEN CLASS • 4-H • FFA (Online entry: [www.ndstatefair.com/exhibit](http://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 \$ \_\_\_\_\_

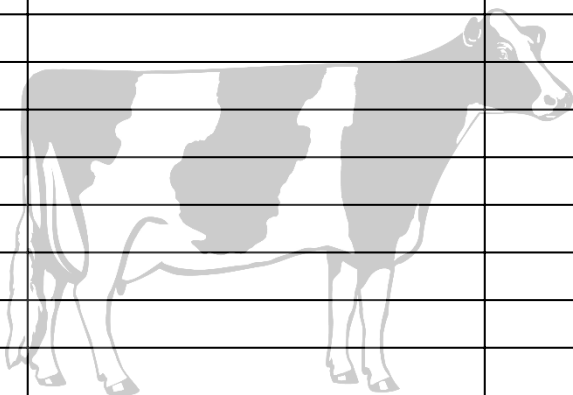
**Barns will be locked until 5a.m. on TUESDAY. No early arrivals or releases.**

**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](mailto:competitive@ndstatefair.com)*

4-H Class #	FFA 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
		A / 5	F	Holstein	HBS Miss Leading Lady 052Y	052Y	Bobby Jones	4206924	03/25/2015	5.00



**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.

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

Total Entry Fees \$ \_\_\_\_\_  
 \_\_\_ Tack Stall X \$10.00 \$ \_\_\_\_\_  
 \_\_\_ Adult Season x \$25 \$ \_\_\_\_\_  
 \_\_\_ 4-H/FFA Pass x \$10 \$ \_\_\_\_\_  
 \_\_\_ Auto Pass x \$5/day \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

**METHOD OF PAYMENT**

Check OR Charge my Credit Card:  VISA  MC  DISCOVER

\_\_\_\_\_  
 Exhibitor's Signature Date

Number on Card \_\_\_\_\_

CVC \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature (required if using credit card for payment) \_\_\_\_\_

\_\_\_\_\_  
 Guardian's Signature (if Jr. Exhibitor) Date

**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