Ranch or Farm Name _____

Exhibitor's Name _____

Social Security #_____

Address_____

City _____ State_____ Zip **58**_____

Phone _____ County_____

Email Address _____

☐ Check here if exhibitor is under 21 years of age

NORTH DAKOTA STATE DAIRY SHOW

Please return completed entry to: **North Dakota State Dairy Show**
Attn: Kim Ledger
9904 Kerry Lane
Bismarck, ND 58503
Email: cledger@bis.midco.net

Class / Breed _____

Duplicate pages as necessary for all entries

OFFICE USE ONLY

Total Entries_____ Receipt_____

Total Head _____

Total Fees_____ Amount Paid $ _____

*** * * * EXHIBITOR ENTRY STATEMENT* * * ***

I hereby certify that I have reviewed and accept the rules established by the ND State Dairy Show in the premium list. 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 (Internatioanl 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 be obtained on request from the show organizer.

Exhibitor's Signature _____ Date_____ Guardian's Signature (if Jr. Exhibitor) _____Date_____

Class#	Entry's Date of Birth	Name of Animal Registered or I.E. Certificate	Registration or Tattoo Number	Name of Breeder	Sire's Name and Dam's Name	Sire's Reg. Number and Dam's Reg. Number	Entry Fee

Lot #	Entry's Date of Birth	Name of Animal Registered or I.E. Certificate	Registration or Tattoo Number	Name of Breeder	Sire's Name and Dam's Name	Sire's Reg. Number and Dam's Reg. Number	Entry Fee

COMMENTS OR QUESTIONS ____