

ENTRY* THE NEW JERSEY STATE FAIR®/SUSSEX COUNTY FARM & HORSE SHOW***ENTRY**

PLEASE TYPE OR PRINT CAREFULLY! FILL IN EVERYTHING – INCOMPLETE, INCORRECT, AND/OR UNREADABLE FORMS WILL BE RETURNED.

USE A SEPARATE ENTRY FORM FOR EACH EXHIBITOR AND FOR EACH DEPARTMENT

Entry fees must accompany entry forms. MAIL TO: SCF&HS Agricultural Shows, PO Box 600, Augusta, NJ 07822

Dept. 40 – Open Beef Dept. 41 – Open Dairy Dept. 42 – Open Dairy Goat Dept. 49 – Open Sheep

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 exhibitor handbook of this event. A separate copy may be obtained on request from show organizers. I hereby enter the following livestock in competition for the prizes offered as printed and subject to all Rules and Regulations of the New Jersey State Fair ®/Sussex County Farm & Horse Show. All animals have an official health certificate.

SIGNATURE: _____ **Did you exhibit last year?** Yes No

(owner, exhibitor, fitter, trainer, or absolutely responsible person and guardian or parent)

EXHIBITOR NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NEW ADDRESS? YES NO HOME/WORK PHONE NUMBER _____ AGE (if under 21) _____

FARM NAME _____ E-MAIL ADDRESS _____

I want to rent trailer/camper space with electric hook-up @ \$35.00 per day Y N (circle one) Length of unit? _____

Payment method ()Cash ()Check made payable to NJ State Fair ()Credit Card Please check type: ()American Express; ()Visa; ()MasterCard; ()Discover

Card # _____ Expiration date: _____ Security Code(found on back of card) _____(on front for AMEX)

Name on card (please print): _____ Signature _____

Billing address for this card _____

TOTAL # Animals to pen: _____ TOTAL # goat pens needed: _____ TOTAL # cows in milk: _____ TOTAL Entry Fees: _____

Late entries will be charged double entry fees. Entry Postmark will be used to determine fees & quota.

***Enter Animal information on the back ***

EXHIBITOR NAME _____

Dept. Number	Section Code	Class Number	Animal Name Dairy include calfhooed vaccination date	Microchip Ear Tag # Or Tattoo #	Registration Number	Date Of Birth	Sex	Dairy, Beef, Sheep & Goats
								Sire: _____ Dam: _____ Breeder: _____
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