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 @ $50 - $75 per day Y N (circle one) Length of unit? _____ AMPS 20, 30 or 50 (circle one)

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 ***

EXHIBITORNAME_____

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