Mail To:

Florida State Fair Pygmy Goat Show P.O. Box 11766 Tampa, FL 33680

FLORIDA STATE FAIR PYGMY GOAT ENTRY FORM

ENTRY DUE DATE -DECEMBER 1, 2023

1st Late Entry Period – December 2 - December 8, 2023 (Double Entry Fee) Final Late Entry Period – December 9, 2023 - January 11, 2024 (Double Entry Fee plus \$200.00)

| Exhibitor's Name | | | County | | |
|---|---|--|--|--|--|
| Address | S | | | | |
| City | | StateZip | | | |
| *Exhibitor's Social Security # | | Phon | e () | | |
| Social S FSFA fo | ecurity Numbers (SSN) or Ta or the processing of payments | axpayer Identification Number (TIN | I) from every person to whom ond State agencies on forms required. | on requires the Florida State Fair A compensation is paid. SSN or TIN a aired by law. FSFA will not disclose esult in denial of compensation. | re maintained and used by |
| E-mail | address | | | | |
| 2024 Op Ethics a not limi the Flor State Fa | pen Pygmy Goat Show Ruis s stated in the rules. I also a ted to photographs and vidi ida State Fair. I understand ir is not liable or responsib | les by which I, the undersigned, agree to abide by the General Dispeo, of me and/or animal in any or that the 2024 Open Pygmy Goal | understand & agree to abide butes Policy as stated in the rule all publications, TV, publicity Show is held in conjunction or cancellation of the 2024 F | s and regulations of the Florida S by. I also agree to abide by the IA les. I agree and consent to the use ty brochure, internet site, or other with the 2024 Florida State Fair a lorida State Fair due to the follow as epidemics, or explosion. | FE National Code Show of pictures, including but publicity associated with and agree that the Florida |
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| Class No. | Registered | d Name of Goat | Sire's Name Dam's Name | Registration Number | Birth Date |
| 110. | | | Dam s I vame | T (difficult | Build |
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| Manda | atory - Signature of Ex | xhibitor/Owner | | | |
| purposes, the Fair Suggest sending a self- | | I plan to participate in the Display Contest. YES NO | Goats@ \$20.00 each animal | | |
| entry. | | Make Checks payable to: | Adult Small Adult X-Large Adult Medium Adult XX-Large | | |

Total: ___