

Fair Use Only:

Exhibitor: _____

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**MARYLAND STATE FAIR
AND AGRICULTURAL SOCIETY, INC.**
PO BOX 188
TIMONIUM, MD 21094-0188
410-252-0200

EACH EXHIBITOR MUST FILL OUT A SEPARATE ENTRY
Checks & Show Catalog in name listed below only

_____ FARM

_____ OWNER

_____ ADDRESS

_____ CITY _____ ST _____ ZIP

_____ DAYTIME PHONE _____ FAX

_____ SOCIAL SECURITY NO.

_____ STALLED WITH

Division A Dairy Cattle Entry Form

**BY I.R.S. REQUIREMENTS, SOCIAL SECURITY
NUMBER OR FEDERAL IDENTIFICATION
NUMBER MUST BE PROVIDED BEFORE
PREMIUM CHECKS CAN BE ISSUED.**

NO ENTRIES ACCEPTED AFTER AUGUST 1st

Fill in Breed Code Number (6) and Code (MS) with each entry.

Breed Code Number & Breed Code

- 1 - AY Ayrshire
- 2 - BR Brown Swiss
- 3 - GU Guernsey
- 4 - HO Holstein
- 5 - JE Jersey
- 6 - MS Milking Shorthorn
- 7 - RW Red & White Holstein

**ALL INFORMATION ON THIS FORM MUST
BE FILLED OUT COMPLETELY OR THE
ENTRY WILL NOT BE ACCEPTED.
PLEASE PRINT CLEARLY**

The undersigned entrant warrants for himself/herself and in behalf of all those having an ownership interest in the animal(s) entered, that he/she and each of them has read, fully understands, accepts and will comply with all rules and regulations of the Maryland State Fair and Agricultural Society, Inc. ("State Fair") including without limitation those set forth in the current State Fair Premium Catalog and they further agree that this entry is accepted by the State Fair each such person or enterprise and their principles and agents acknowledge that they and each of them (1) will accept the final decision of the ethics committee of the State Fair and/or the Chairman of the Board of Directors of the State Fair on any issue arising under said rules and regulations; and (2) release, covenant not to sue, and agree to hold the State Fair and its officials, directors, officers, employees, representatives, agents and volunteers harmless for any action taken under said rules and regulations; and from and against any injury, damage or loss (including attorney's fees and litigation expenses) suffered during or in connection with the show, whether or not such injury or loss resulted from or was contributed to, directly or indirectly, by the acts or omissions, except in the case of gross negligence, of the State Fair or State Fair Officials, agents, employees, representatives, directors, officers, or volunteers. I certify by signing this entry that (1) the entry information is true and correct; (2) I have the authority to make this entry and to and do hereby bind all persons and enterprises with any interest in the entered animal(s) to the terms of this agreement; and (3) I and all other persons and enterprises with an interest in the entered animal(s) except full responsibility for my actions, and for those of anyone else, including but not limited to fitters, who are involved in the care of, show preparation and/or showing of the entered animal(s).

NO ENTRIES ACCEPTED WITHOUT PAYMENT OF ENTRY FEES. MAKE CHECKS PAYABLE TO THE MARYLAND STATE FAIR

BREED CODE	BREED	CLASS	NAME OF ANIMAL	SEX	REGISTRY NUMBER
DATE OF BIRTH	SIRE	DAM			

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I HAVE READ AND AGREE TO ALL THE ABOVE

Entry Fee \$5.00 per animal
TOTAL Submitted with this form \$ _____

List all Ownership interests in the animal(s) entered

_____ Signature, Owner or Authorized Agent/ Representative

_____ Printed Name of Owner or Authorized Agent/Representative

_____ Authorized Representative on grounds if different from above

**PO BOX 188
TIMONIUM, MD 21094-0188**

DIVISION A - DAIRY CATTLE ENTRIES ONLY

BREED CODE	BREED	CLASS	NAME OF ANIMAL	SEX	REGISTRY NUMBER
DATE OF BIRTH	SIRE			DAM	

BREED CODE	BREED	CLASS	NAME OF ANIMAL	SEX	REGISTRY NUMBER
DATE OF BIRTH	SIRE			DAM	

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