

Fair Use Only:

Exhibitor: _____

Received On: _____

Paid: _____

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

Division D - Swine Entry Form

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

NO ENTRIES ACCEPTED AFTER JULY 31st
Fill in Breed Code Number (1) and Code (CW) with each entry.

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

Breed Code Number & Breed Code

- | | | | |
|--------|---------------|---------|------------------|
| 1 - BE | Berkshire | 6 - SP | Spotted |
| 2 - CW | Chester White | 7 - YO | Yorkshire |
| 3 - DU | Duroc | 8 - CB | Crossbred Barrow |
| 4 - HA | Hampshire | 9 - LR | Landrace |
| 5 - PC | Poland China | 16 - HR | Hereford |
| | | 17 - TM | Tamworth |
| | | 15 - TP | Team Purebred |

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 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					

BREED CODE	BREED	CLASS	NAME OF ANIMAL	SEX	REGISTRY NUMBER
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Entry Fee \$2.00 per animal (All Except Team Purebred)
Entry Fee \$35.00 per animal (Breed Code 15 - Team Purebred Only)
TOTAL Submitted with this form \$ _____

List all Ownership interests in the animal(s) entered

I HAVE READ AND AGREE TO ALL THE ABOVE

_____ 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 D SWINE ENTRIES ONLY

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

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DATE OF BIRTH					

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