

# OFFICIAL ENTRY FORM

## Livestock (Department N)

Surry County Agricultural Fair  
Veteran's Memorial Park, Inc.

Access the Google dox. form on  
Surry County Agricultural Fair  
Facebook Page link or go to  
<http://www.surrycountyagfair.org>

**Completed forms may be mailed to:**

Surry County Agri. Fair  
P.O. Box 445  
Mount Airy, NC 27030

Please accept the entries indicated below subject to the general rules and regulations governing exhibits at the Surry County Agricultural Fair and the departmental rules specific to and included within, each department.

**ENTRY FORM MAY BE REPRODUCED AS NEEDED.** One form per exhibitor.

Exhibitor Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Age (as of January 1, 2024) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 T-Shirt Size: \_\_\_\_\_

Dept <i>Sheep, Goat, Beef, Dairy, Dairy Goat</i>	Class #	Animal ID Name/#	Registration #	Date of Birth

I certify that I have fitted and cared for animals exhibited and shown for the last 30 days.

I understand that the Fair or NCAOAF assumes no responsibility in case of loss or damage to my animal(s) from any cause; and upon this condition only are exhibits received. I agree to hold the fair and NCAOAF harmless for all liabilities and agree not to remove my booth or any part thereof before Monday, Sept. 23, 2024 9 am - 4 pm.

HEALTH CERTIFICATION: I understand that my animals will not be admitted to the barns without proper health certification. I also certify that they have not exhibited any signs of illness or disease and are free from such to the best of my knowledge.

**FAIR USE ONLY**  
**Exhibitor #**  
\_\_\_\_\_

Signature: \_\_\_\_\_