ENTRY FORMS & FEES MUST BE RECEIVED BY 4:30, JULY 20, 2016
PLEASE PRINT, USE TYPEWRITER OR BALLPOINT PEN.
FORMS CAN BE DOWNLOADED OR FILLED OUT AT WWW.NYSFAIR.ORG

CAVY DEPARTMENT

OFFICE USE ONLY
Exh. #_____
Exh. Fee
$10.00_____
Animal Fee ($1/ea)_____
Paid _____
Check Cash Money Order

MAIL FORM TO: **NYS Fair Entry Department**
581 State Fair Blvd.
Syracuse, NY 13209

Exhibitor Name_____
Farm Name _____
Post Office Address _____
City _____ State_____
Zip Code _____ County_____
Phone Number _____
Name premium is to be paid to _____
Payee's Soc. Sec. # or Federal ID # _____

The New York State Office of the State Comptroller requires state agencies to document Payee ID (social security number or federal ID number) prior to issuing payment. Failure to provide the New York State Fair with your social security number or federal identification number will result in the forfeiture of all prize money.
Please list entries in numerical order – follow the sequence of the premium book i.e., class 11 – 12 – 13 – 14, etc.

[------Secretary's Use Only-----]

DIVISION	CLASS NUMBER.	ENTRIES MUST BE LISTED INDIVIDUALLY DESCRIPTION OF EXHIBIT (BREED AND VARIETY) ONE LINE PER ENTRY	SEX	PERM EAR #	CAGE #	# IN CLASS	PLACE	POINTS
American Sample	**3253 Sample**	**Teddie, Self**	**Sr. Sow**					

TOTAL # OF ENTRIES THIS PAGE_____

TOTAL FEES THIS PAGE_____

Exh. Info _____
Entry Info _____
Fee Info_____
Date Complete_____