

SWINE DEPARTMENT

IMPORTANT: USE SEPARATE ENTRY BLANKS FOR DIFFERENT OWNERS.

OFFICE USE ONLY	
Exh. #	_____
Fee	\$10.00 _____
Animal Fee:	_____
Paid	_____
Check	Cash Money Order
Ck #	_____

Exhibitor Name _____
 Farm Name _____
 Post Office Address _____
 City _____ State _____ Zip Code _____
 County _____ Phone No. _____
Name premium is to be paid to: _____
Payee's Soc. Sec. No. or Federal ID No. _____

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.

Arrival: Expected date and time _____

PLEASE CHECK:

FEES MUST BE SENT WITH THIS FORM

EXHIBITOR'S FEE.....\$10.00
 SWINE (PER HEAD).....\$3.00
 TOTAL NUMBER OF ENTRIES _____
 TOTAL NUMBER OF PENS _____
DO NOT INCLUDE TACK PENS, TACK PENS WILL BE ALLOCATED BY THE SUPERINTENDENT.
 TOTAL FEE _____

DIVISION/ BREED	CLASS NO.	ANIMAL DATE OF BIRTH	REGISTRATION NO.	EAR TAG NO/ EAR NOTCH NO.
		MAKE SURE YOU REVIEW THE NEW ARRIVAL SCHEDULE IN THE CENTER OF THE BOOK.		

Exh. Info	_____
Entry Info	_____
Fee Info	_____
Date Complete	_____