



# of head _____	Entry Fee \$9.00 ea \$ _____	Pen Fee None	Totals \$ _____	(Office use only)
Exhibitor Packets (10 Tickets for Youth or Adult): _____ at \$20.00 each			\$ _____	
# of pens _____	Total Fees:		\$ _____	
			Receipt No. _____ Cash/Check No. _____ Amt. Pd _____ Comments _____	

DAIRY GOAT ENTRY FORM

Montana State Fair, 400 3rd St. NW, Great Falls, MT 59404

Phone: 406-727-8900 Fax: 406-452-8955

Read Exhibitor's section, general rules and department regulations, pertaining to entry. Photocopy this form, or call 727-8900.

Class Code	Description	Breed of Animal	Name of Animal	Tattoo Number	DOB	Registration Number	Show #

Please accept the entries indicated above, subject to the rules and classifications governing the Livestock Information and Exhibit Department Entries in the General Information as published in the current year, by which I hereby agree to be governed in exhibiting the same and declare that all statements made in connection with said entries are true.

I hereby release Montana State Fair from any liability from loss, damage or injury to person, livestock or property.

Owner's Signature _____ Parent/Guardian Signature _____ Owner's name (printed) _____

Phone _____ Address (Street/PO Box) _____

City _____ State/Province _____ Zip _____ Email _____

Herdsmen or person in charge of animals (printed): _____ Phone/cell _____