OHIO STATE FAIR BEEF CATTLE ENTRY FORM
ENTRIES CLOSE - JUNE 20

Please Print Clearly

All information must be given at time of entry. Failure to provide complete individual animal entry information will result in a penalty fees of $75. Entry and penalty fees are non-refundable.

Breed of Livestock _____
Division No. _____
Number of Animals Entered _____

Name _____
Adress _____
City _____ State _____ Zip Code _____
County _____ E-mail Address _____
Home Telephone ( ) _____ Work Telephone ( ) _____

Beef Cattle, per animal @ $15..... _____
Beef Cattle Bedding Fee, per animal @ $20..... _____
Prospect Calf, per animal @ $30..... _____
Prospect Calf Bedding Fee, per animal @ $20..... _____
Open and Junior Commercial Cattle, Pen of 3 @ $50..... _____
6-Day Advance Admission Ticket (Optional) ____ x $28 each..... _____
Single Advance Admission Ticket (Optional) ____ x $6 each..... _____
3-Day Parking Permit (Optional) only one ____ x $30..... _____
6-Day Parking Permit (Optional) only one ____ x $50..... _____
All Additional Parking Permits (6-Day only) ____ x $75 each..... _____

Parking permits cannot be combined. You may purchase either one 3-day or one 6-day parking permit. Additional 6-day parking permits may be purchased at $75 each.

PAYMENT TYPE: ☐ **CHECK** ☐ **CREDIT CARD**

☐ Mastercard ☐ Visa Acct# _____ Exp Date _____
Month/Year

Did you enter in 2016? Y_____ N_____
Has your address changed since 2016? Y _____ N_____

Please note that when entering more than one department of the Fair (i.e. Horse Show, Ag & Hort., etc.) a separate entry blank is required for that department. All entries must be in the bonafide owner name. Mail entry form to the Entry Department, Ohio State Fair, 717 East 17th Avenue, Columbus, Ohio 43211. All entries must bear a postage stamp and have a legible cancellation date. Metered entries will not be accepted.

Division No.	Class No.	Name of Animal	Sire Name	Registry No.	Date of Birth	Tattoo No.	Sex

The undersigned hereby agrees to be bound by the Rules and Regulations of the Open Livestock Department and further agrees to be bound by the decision of the Ohio Expositions Commission in case of any dispute arising from the interpretation of application thereof. Premiums cannot be paid if Social Security Number is not given or if entry blank is not signed.
I certify that the number shown on this form is my correct taxpayer identification number. Please indicate if this identification number is your individual number or farm tax identification number. Any photographs taken of me or of anyone over whom I am legal guardian become the sole property of the Ohio Expositions Commission. Such photographs may be used at the Commission's discretion without compensation to or prior approval from me.

Signature _____