

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

**OHIO STATE FAIR
OPEN SWINE ENTRY FORM
ENTRIES CLOSE - JUNE 20**

All information must be provided with registration papers at the time of check-in.

Name _____

Address _____

City _____

State _____ Zip Code _____ County _____

E-mail Address _____

Total No. of Breeding Swine..... _____ X\$12 each..... _____

Total No. of Barrows..... _____ x \$12 each..... _____

Total No. of Youth Jackpot Gilts..... _____ x \$25 each..... _____

Buckeye Crossbred Boar Classic..... _____ x \$100 each..... _____

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..... _____

Home Telephone () _____ Work Telephone () _____

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.

Mail entry form to the Entry Department, Ohio State Fair, 717 East 17th Avenue, Columbus, Ohio 43211-2657. All entries must bear a postage stamp and have a legible cancellation date. Metered entries will **NOT** be accepted.

PAYMENT TYPE: CHECK CREDIT CARD

Mastercard Visa Acct# _____ Exp Date _____
Month/Year

All breeding exhibitors, whether you enter online or mail your entry, must provide required information by July 20 through July 24, or pay additional fee at time of check-in at the fair. Please refer to page 1 of exhibitor information under entering procedure.

Did you enter in 2016? Y _____ N _____

Has your address changed since 2016? Y _____ N _____

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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 _____