

A SEPARATE ENTRY FROM MUST BE SUBMITTED FOR EACH PERSON/PREMIUM CHECK AND INFORMATION MUST BE ENTERED AS YOU WOULD LIKE THE PREMIUM CHECK MADE OUT
HEALTH PAPERS AND REGISTRATION PAPERS MUST COME WITH THE ANIMALS

Dairy Cattle Entry Form (C) DELAWARE COUNTY FAIR, Walton, New York

NOTE: Read the rules and regulations section for the fair and rules and regulations for the department. Send all entry forms to Superintendent Deb Merrill, 27294 State Hwy 206, Downsville, NY 13755, or e-mail to delcodairy@gmail.com by July 24, 2024. (Postmarked or Date Stamped) "I hereby authorize you to enter the following exhibits in my name to compete according to the rules and regulations outlined in the fair book"

Cattle will not be allowed to enter the barns until Vets have cleared them.
Cattle will be checked in on Saturday, August 10 from 11 a.m. – 8 p.m., Sunday, August 11 from 8am – 6pm and Monday, August 12 from 8am – 5 pm.

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email: _____ Stalling Requests: and Day of arrival: Day

Breeder Points to: _____ Exhibitor Points to: _____

	Breed Class	Milking Parlor Date of Birth	Animal Name Sire Name information must be entered exactly as it appears on registration papers	Owner (information must be entered exactly as it appears on registration papers) Breeder (information must be entered exactly as it appears on registration papers)
1	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
2	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
3	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS :	DOB:	Sire:	B:

	Breed Class	Milking Parlor Date of Birth	Animal Name Sire Name information must be entered exactly as it appears on registration papers	Owner (information must be entered exactly as it appears on registration papers) Breeder (information must be entered exactly as it appears on registration papers)
4	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
5	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
6	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
7	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
8	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
9	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
10	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:

11	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
12	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
13	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
14	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
15	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:

16	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
17	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
18	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
19	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:

Breed Class		Milking Parlor Date of Birth	Animal Name Sire Name information must be entered exactly as it appears on registration papers	Owner (information must be entered exactly as it appears on registration papers) Breeder (information must be entered exactly as it appears on registration papers)
20	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
21	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
22	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
23	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B:
24	Breed: DROP DOWN BOX FOR BREED	MP: <input type="checkbox"/> Y <input type="checkbox"/> N	Name:	O:
	Class: DROP DOWN BOX FOR CLASS	DOB:	Sire:	B: