

Mail Entries to:
Wayne County Fair Entries
P.O. Box 85
Palmyra, NY 14522-0085

Wayne County Fair, Palmyra, NY

Exhibitor #: _____
Entry Fee: _____
Check #: _____
Premium: _____
Received by (signature) :
X: _____

Open Dairy Goat Show Entry Form ADGA Sanctioned Show

Please accept entries listed, subject to N.Y.S. Department of Agriculture and Markets & the Fair Department rules. **EARLY ENTRIES** recommended. I understand the fair is not responsible for loss of articles or animals by reason of fire, theft or other casualty.

NOTE: All 4H entries must be in place by **Sunday, August 3rd, by 9 pm**. All 4H entries must be entered in the Open Dairy Goat Show. All Open Show entries must be **in place by 9pm on Sunday, August 3rd**. Reminder: winning premiums not picked up by 6pm on Sunday, August 10, 2025 will be donated back to the Union Agricultural Society at Palmyra on your behalf.

Exhibitor Name: _____ Best Phone Number: _____

Address: _____ Town: _____ County: _____

EMAIL: _____

ONLY APPLIES TO THOSE STAYING AT THE FAIR :

Exhibitor Pass: \$8/exhibitor/ \$9 Any extra After: Total : _____

Total Amt: _____

Total # of
Dairy Goats: _____
Total # of
Pens needed: _____

Breeds entered: _____

If needed to make a show official, could you supply additional animals? YES NO

If yes what breeds? _____

(No.) _____ animals x \$ _____ per animal Total: _____

(No.) _____ pens x \$ _____ per pen Total: _____

LATE ENTRIES: _____ ENTRIES x \$ _____ per animal Total: _____

Amt Enclosed: _____

Class Number: _____ Breed: _____ Sex: _____ Tattoo: RE _____ LE: _____ Tail: _____

Name (Goats): _____ Reg. NO.: _____

Sire: _____ Reg. NO.: _____

Dam: _____ Reg. NO.: _____

DOB: _____ Days to be shown: _____

Registered Owner: _____

Complete Address: _____

Class Number: _____ Breed: _____ Sex: _____ Tattoo: RE _____ LE: _____ Tail: _____

Name (Goats): _____ Reg. NO.: _____

Sire: _____ Reg. NO.: _____

Dam: _____ Reg. NO.: _____

DOB: _____ Days to be shown: _____

Registered Owner: _____

Complete Address: _____

MUST TURN IN WITH FRONT PAGE OF D.G. ENTRY FORM OR WILL NOT QUALIFY TO SHOW.
MUST ADD EXHIBITORS NAME /NO. OR WILL NOT QUALIFY TO SHOW.
ONE EXHIBITOR PER FORM.

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Class Number: _____ Breed: _____ Sex: _____ Tattoo: RE _____ LE: _____ Tail: _____

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Sire: _____ Reg. NO.: _____

Dam: _____ Reg. NO.: _____

DOB: _____ Days to be shown: _____

Registered Owner: _____

Complete Address: _____

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MUST TURN IN FRONT PAGE OF ENTRY FORM OR WILL NOT QUALIFY TO SHOW.
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