

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

**OHIO STATE FAIR
 OPEN SHEEP FORM
 ENTRIES CLOSE - JUNE 20**

You may enter online at www.ohiostatefair.com

Please Print Clearly

Did you enter in 2015? Y N
 Has your address changed since 2015? Y N

You must pick up entry cards from the Sheep Department upon arrival at the fair.

Name _____

Address _____

City _____

State _____ Zip Code _____ County _____

E-mail Address _____

Home Telephone () _____ Work Telephone () _____

- Sheep Shearing Contest..... x \$20 per entry.. _____
- Total No. of Breeding Sheep..... x \$12 each..... _____
- Commercial Pen of 5..... x \$25 per pen..... _____
- Total No. of Commercial Yearling Ewes/Lambs.... x \$12 each..... _____
- Total No. of Market Lamb..... x \$12 each..... _____
- Total No. of Wool..... x \$ 3 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 each..... _____
- *6-Day Parking Permit (Optional only one)..... x \$50 each..... _____
- All Additional Parking Permits (6-Day only)..... x \$75 each..... _____

Market Lamb Exhibitors may purchase only one (1) 3-day parking permit. 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

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.

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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 _____