

**Open Show  
Entry Form**

**Show – ME Spring Spectacular - Missouri State Fair Grounds – Swine Pavilion**

**April 25, 2009 at 3:00 p.m.**

**April 26, 2009 at 9:00 a.m.**

**OPEN SHOW ENTRY FORM**

*Sanctioned by MJBGA and American Boer Goat Association, Inc.*

**Mail entries to:** Tracy Diefenbach 9605 E. 327th Street, Drexel, Missouri 64742 816-657-2274 after 6:00 p.m.

Email TLDief@Fairpoint.net

**DO NOT MAIL ENTRIES BY CERTIFIED MAIL SIGNATURE REQUIRED.**

**Open Show \$10.00 each animal. \*\*\$1.00 per animal will be donated to the Sale of Champions!**

**Open Show  
Entry Form**

Office Use	% or FB circle one	Class	Date of Birth	Sex	Registration Number	Animal Name as it Appears on the Registration Papers	Tattoos Right/Left	Owner Name as it appears on the Registration Papers	Fee
	% FB		/ /				/		
	% FB		/ /				/		
	% FB		/ /				/		
	% FB		/ /				/		
	% FB		/ /				/		
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	% FB		/ /				/		
	% FB		/ /				/		
Please make copies if you need additional entry forms.						<b>Sub-total of Entries</b>			
<b>Each exhibitor must complete an entry form</b>						<b>Bedding not provided</b>			
						<b>\$10.00 each</b>			
<b>Entries postmarked by: April 16th, 2009 \$10.00 per goat per show.</b> <b>Entries postmarked after April 16th add \$10.00 per goat per show</b>						<b>Late Fee \$10 ea</b>			
Entries for the Open Show will be accepted up until 2 p.m. April 26 <sup>th</sup> 2009. No Fax or Email Entries Accepted.						<b>TOTALS:</b>			<b>\$</b>

**NUMBER OF ANIMALS ENTERED IN SHOW \_\_\_\_\_**

***Please be sure to bring all Original Registration papers for check in on Show day for each animal being exhibited.***

**Please submit your entry forms in a timely manner. Bedding will be available for purchase at the show. I agree to abide by all of the rules and regulations and set forth in the MJBGA and American Boer Goat Association, Inc. Show Rules; Hold Harmless Missouri State Fair, American Boer Goat Association, Inc., Missouri Junior Boer Goat Association Committee Members and Show-ME Spring Spectacular Boer Goat Show.**

**EXHIBITOR NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_**

**DAYTIME PHONE NUMBER: \_\_\_\_\_ EVENING PHONE NUMBER: \_\_\_\_\_ Email: \_\_\_\_\_**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**