

ONLINE ENTRIES
AVAILABLE AT
WWW.THEBIGE.COM!

ALPACA ENTRY FORM
Agriculture Office, Eastern States Exposition
1305 Memorial Avenue, West Springfield MA 01089
FAX 413.205.5104 PHONE 413.205.5011

EXHIB. NO _____
(FOR OFFICE USE ONLY)

PANELS ARE PROVIDED

OWNER _____
(To receive premium check)

OWNER _____
(As listed on registration paper)

FARM NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ TELEPHONE: _____

FAX NUMBER (optional): _____ E-MAIL ADDRESS: _____

CREDIT CARD #: _____ EXP. DATE: _____

NAME ON CARD: _____ SOCIAL SECURITY#/FARM ID: _____
(Required for Premium Payment)

SLEEPING IN BARN _____ yes _____ no _____ #of people

STALL AND DISPLAY SPACE ALLOCATED AT MANAGEMENT DISCRETION.

Display Stall (Max. of 1 Stall)		x \$25	
# of stalls		x \$15	
# Of Alpacas entered by Aug, 15		x \$35	
# Of Alpacas entered after Aug. 15		x \$70	
# Of Alpaca Fleeces		x \$15	
Donation			
		TOTAL	

DATE _____ SIGNATURE OF OWNER OR AGENT _____ SIGNATURES OF PARENT OR GUARDIANS _____

Birthdate	Sex	Class	Class	Class	Class	Class	Class	Class	Class	Class	Animal Name	
Animal Reg. #		Permanent ID			Handler's Name					Youth Birthdate		
Birthdate	Sex	Class	Class	Class	Class	Class	Class	Class	Class	Class	Animal Name	
Animal Reg. #		Permanent ID			Handler's Name					Youth Birthdate		
Birthdate	Sex	Class	Class	Class	Class	Class	Class	Class	Class	Class	Animal Name	
Animal Reg. #		Permanent ID			Handler's Name					Youth Birthdate		