

Open Class Dairy Show Benton County Fair

Exhibitor Name: _____ Premise I.D. _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

	Dept.	Class	Lot	Exhibitor Name*	Birthdate	Animal Official ID Tag	Tattoo if registered
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

*Premiums will be paid to the exhibitor listed above unless noted on registration form.

****If animal is registered, must submit a copy of the registration paper with entry form.**

**Please contact the department superintendent with any questions.
Registration form and any required documents may be mailed to:
Benton County Fair, PO Box 118 Sauk Rapids, MN 56379**