2024 OFFICIAL SWINE ENTRY REGISTRATION FORM SOUTH CAROLINA STATE FAIR OCTOBER 9-20



► Mail this form, fees, and a self-addressed, stamped, business size envelope to:

SC State Fair Entry Office P.O. Box 393 Columbia SC 29202

#



Swine Show Dates - Oct. 12-13 & 15, 2024

View online Exhibits Guide at www.scstatefair.org

➤ Open Entry Registration Period July 1 – September 1

Regular Fees Apply

► Entry forms must be received, not postmarked, by September 1.

► Swine Superintendent, Dr. Brian Bolt

Phone 864.934.2104 or email bolt@clemson.edu
Show Secretary, Charlotte Swafford, 864.710.0949 or cswwffrd@clemson.edu

► SWINE EXHIBITOR INFO

(Please complete for Swine Superintendent)

1 1	reed(s)
	► Each Swine exhibitor receives one (1) omplimentary Gate 1 parking pass
	► Please check the Division(s) in which you re registering on this form: Open Swine Junior Swine Junior Market Hog

► Please T	ype or Print Legibly in Blac	ck or Blue Ink		-				
Exhibitor Name			E-Mail Address					
Address				Telephone Area Code				
				()	_			
City		State	Zip	County	Date of Birth			
	Exhibitors receiving	ng over \$599 in pre	emiums are required to com	plete a W-9 Form prior to release of the	ir premium check.			
		► LIA	ABILITY, WAIVER AND RE	LEASE STATEMENT				
	ewed and agree to abide by the rules a	•						
				e and that the State Agricultural & Mechanical Socie	ty of South Carolina is no	t respons	ible for	the acts,
	equipment and animals of others or the			ir website and social media outlets, such as Faceboo	ok Twitter Instagram Din	toroot of		
•		,		ii website and social media outlets, such as raceboo ss, injury, illness, or damage to any animals or prop				rstandina
	ment is a condition of my entry or exhib		carolina is not responsible for any le	ss, injury, iimoss, or damage to any ariimale or prop	orty or exhibit articles are	a that out	ii anao	otarraing
Further, I agree to and hereby indemnify the State Agriculture & Mechanical Society (and the South Carolina State Fair) from any loss, injury, damage or claim of any third person caused by any animal, exhibit, entry								
or property of mine or any act of anyone or mine acting on my behalf.								
► EXHIBITO	R SIGNATURE (Required)					Month	Day	Year
					► DATE:	1	1	2024
List # Pens	List # of head	Total Fees Pleas	e Circle Method of Payment below	******************* Credit/Debit Card address must ma	,	: '		
Required (size	\$5 per head	DO NOT						
4'X6')	-	MAIL CASH MAS	STERCARD – VISA – CHECK – MON	IEY ORDER	(CCV #)		EXI	DATE

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Division Code	Division	Class	ack or Blue Ink - Find Division Codes and Class numbers of Animal	Sex	Date of Birth (Month/Date/Year)	Registration #	Name of Sire
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Please Complete Information Below to Ensure Proper Processing

Exhibitor: Telephone #: Area Code

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Please Type	or Print I	Legibly in Bl	ack or Blue Ink - Find Division Codes and Class numbers o	n 2024 S	Swine Exhibit Gu	ide at <u>www.scstatefair.or</u>	a/competitions
Division Code	Division #	Class #	Name of Animal	Sex	Date of Birth (Month/Date/Year)	Registration #	Name of Sire
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Please Complete Information Below to Ensure Proper Processing						
Exhibitor:	Telephone #:	Area Code				