

WISCONSIN STATE FAIR

Presented By  uscellular

2024 All for One Goat Show

Join us for the All for One Goat Show at the 2024 Wisconsin State Fair! All for One participants will have the opportunity to experience showing a goat.

WHO: Youth with a disability between 8-21 years of age. Each participant will be paired with two youth mentors and a goat.

WHEN: Saturday, August 3, 2024

Arrival: 6:00 pm Check In, Receive T-Shirt, Tour Sheep & Goat Barn

Timeline: 6:15 pm Mentors, Goat and Participant Meet & Greet

7:00 pm All for One Goat Show, Group Picture to follow

WHERE: Wisconsin State Fair Sheep & Goat Barn (Showring)

The showring, located in the center of the Sheep & Goat barn, is surrounded by a 4' fence to contain the goats and keep them near the judge. The judge will assess how the mentors, participant and goat work together as a cohesive unit. There are bleachers surrounding the show ring for spectators to viewing.

COST: \$15 per participant. The \$15 fee includes three (3) Wisconsin State Fair general admission tickets (vehicle parking not included), a t-shirt and an award ribbon. The t-shirt, and award ribbon will be provided at the Fair. Fair admission tickets and additional event details will be mailed out prior to the Fair. This event is limited to the first 20 paid participants.

SHOW ATTIRE: Closed toe shoes, long pants, and All for One t-shirt provided upon arrival at Fair.

REGISTRATION DEADLINE: Postmarked July 19, 2024

PLEASE NOTE: There are a variety of activities, lights and sounds at Wisconsin State Fair and in the Sheep & Goat Barn. Please bring any calming or auditory devices necessary to enhance this opportunity for your participant. Parents and/or guests are encouraged to watch the show from the bleachers but will not be allowed in the show ring during the show.

QUESTIONS? Please email: entryoffice@wistatefair.com or call 414.266.7052.

We hope you will join us!

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2024 All for One Goat Show Registration Form

Participant Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____ Cell Phone: _____

T-Shirt: Adult Size (circle): S M L XL XXL Gender (circle): Female Male

Date of Birth (Month, Day, Year): ____/____/____

School: _____ Grade: _____

Hobbies/Interests: _____

Participant Accommodations Needed: (circle)? Yes No

Please explain: _____

Parent/Legal Guardian Name(s): _____

Address (If different from Participant): _____

Emergency Contact Name and Cell Number: _____

Relationship to Participant: _____

Cost: \$15 per participant

Participation fees are non-refundable. Make checks payable to Wisconsin State Fair.
Please do not send cash!

Submit registration form, release and payment to:
Wisconsin State Fair Entry Office (Postmarked July 19, 2024)
All for One Show
640 S 84th St
West Allis WI 53214
entryoffice@wistatefair.com 414.266.7052

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RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN

I am the parent/legal guardian of _____
(first and last name)

I verify my child meets the participation requirements (8-21 years of age and has a disability) and has my permission to participate in the Wisconsin State Fair All for One Goat Show.

I understand the nature of the All for One Goat Show and believe my child is qualified, in good health, and is mentally and physically able to participate. I fully accept and assume all risks and responsibilities for losses, costs, and/or damages my child may incur because of his/her participation. If I, or the All for One Show management, feel my child's participation is unsafe at any time, I agree my child will discontinue participation immediately.

In allowing my child to participate, I am specifically granting my permission, (during and/or after), to use my child's likeness, photos, name, voice and words on television, radio, video, print and other media for promoting Wisconsin State Fair.

I fully understand the animal project my child is working with is not my child's animal and he/she is expected to care for the animal with the utmost respect.

PRINTED NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

DO NOT FILL IN THIS SPACE

CHECK/MONEY ORDER NO. _____ TICKETS _____

ENTERED BY _____ DATE _____

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