



2019 DAIRY PRODUCTS ENTRY FORM

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ENTRIES WILL NOT BE ACCEPTED WITHOUT PROPER FEES!
Entry Deadlines: Postmarked June 7, 2019 OR Online: June 7, 2019 – 5 pm (Central Time)

RETURN Entry Form and Registration Form TO:
Entry Office, Wisconsin State Fair Park, 640 S 84th St, West Allis, WI 53214

FILL IN ALL INFORMATION BELOW	FEES									
CHEESEMAKER'S NAME(S) (PLEASE PRINT)	<i>All exhibitors must have valid admission to enter the Fair Park August 1-11, 2019. Admission fees do not include vehicle parking!</i>									
COMPANY NAME	ADVANCE ADMISSION FEES (May 1 – July 10) One-Day adult/youth admission ticket \$5 ea. X _____ = _____ (50 ticket limit per exhibitor) Children 5 and under are free									
ADDRESS	ADVANCE ADMISSION FEES (July 11 – August 1) One-Day adult/youth admission ticket \$8 ea. X _____ = _____ (50 ticket limit per exhibitor) Children 5 and under are free									
CITY STATE ZIP CODE	Adult admission tickets purchased at the Gates during the Fair are \$14 each. Youth (ages 6–11) admission tickets purchased at the Gates during the Fair are \$8 each.									
PHONE NUMBER (include area code)	ENTRY FEES									
KEY CONTACT NAME	<table><thead><tr><th>NO.</th><th></th><th>AMOUNT</th></tr></thead><tbody><tr><td>_____</td><td>Entries</td><td>X \$25 Ea. _____</td></tr><tr><td>_____</td><td>Late Entries*</td><td>X \$35 Ea. _____</td></tr></tbody></table>	NO.		AMOUNT	_____	Entries	X \$25 Ea. _____	_____	Late Entries*	X \$35 Ea. _____
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KEY CONTACT PHONE	*Entries are considered late after the June 7 th postmark/June 7 th online entry deadline (5 pm Central Time) and late fees apply. Late entry forms must be mailed and will only be accepted until June 14 th (postmarked).									
KEY CONTACT EMAIL	GRAND TOTAL FEES _____									
EMAIL ADDRESS (Optional) – By providing an email address Wisconsin State Fair will email you rule updates and Fair information.	ADMISSION AND ENTRY FEES ARE NON-REFUNDABLE. MAKE CHECKS PAYABLE TO WISCONSIN STATE FAIR. <u>DO NOT SEND CASH!</u>									
Signature of exhibitor – I acknowledge I have read all rules, regulations and conditions as stated in the General rules and regulations on www.wistatefair.com as well as the rules, regulations and conditions for this department. My signature implies acceptance of these rules, regulations and conditions and I will abide by said rules, regulations and conditions.										

Company _____



2019 DAIRY PRODUCTS REGISTRATION FORM

Class Number _____ Milk type (for cheese) *circle one*: GOAT'S MILK COW'S MILK SHEEP & MIXED MILK
Description of Entry _____
Total Weight of Entry _____ Number of Pieces in the Entry _____
Cheesemaker _____ Key Contact Phone # _____

Class Number _____ Milk type (for cheese) *circle one*: GOAT'S MILK COW'S MILK SHEEP & MIXED MILK
Description of Entry _____
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Cheesemaker _____ Key Contact Phone # _____

Shipping Tags

1. Complete an inside and outside shipping tag for each entry. Place one inside the shipping box and adhere the other tag to the outside of the package. Photocopy tags for additional entries.
2. Ship each entry in a separate box. Be sure to circle the type of milk the cheese is made from at the bottom of the form!
3. Entries must arrive by 4:30 pm on June 11th – 14th only.

Place this tag inside the shipping box:

Class Number: _____ Milk Type for Cheese (*please circle*) GOAT'S MILK COW'S MILK SHEEP & MIXED MILK

Description of Entry: _____

Total Weight of Entry: _____ Number of Pieces in the Entry: _____

Entrant's Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Key Contact Person: _____ Key Contact Phone: _____

Key Contact Email: _____

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Adhere this tag to the outside of shipping box:

Please circle the type of milk the cheese entry is made from at the bottom of this tag.

PERISHABLE-REFRIGERATE

**TO: WISCONSIN STATE FAIR PARK
TGT YOUTH CENTER, ATTN: FRONT DESK
640 S 84th ST
WEST ALLIS WI 53214**

Class Number: _____ Description of Entry: _____

Total Weight of Entry: _____ Number of Pieces in the Entry: _____

Entrant's Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

GOAT'S MILK

COW'S MILK

SHEEP & MIXED MILK