



ENTRIES WILL NOT BE ACCEPTED WITHOUT A W-9 OR PROPER FEES!
Entry Deadlines: Postmarked June 6, 2018 OR Online: June 6, 2018 – 7 pm (Central Time)

RETURN Entry Form, Registration Form and W-9 FORMS TO:

Entry Office, Wisconsin State Fair Park, 640 S 84th St, West Allis, WI 53214

FILL IN ALL INFORMATION BELOW

Person listed below will be responsible for tax reporting purposes and must match person/information on W-9.

____/____/____ MALE FEMALE _____
DATE DATE OF BIRTH

NAME (PLEASE PRINT)

STREET OR ROUTE NUMBER IN FULL

CITY/STATE/ZIP CODE

EMAIL ADDRESS (Optional) – By providing an email address Wisconsin State Fair will email you rule updates and Fair information.

PHONE NUMBER (include area code)

YQCA CERTIFICATION NUMBER LIVESTOCK PREMISE ID NUMBER

DECLARED YOUTH ORGANIZATION: 4-H ___ FFA ___ WI Jr Aryshire ___

WI Jr Brown Swiss ___ WI Jr Guernsey ___ WI Jr Holstein ___ WI Jr Jersey ___

STALL WITH: County Exhibit ___ WI Jr Aryshire ___ WI Jr Guernsey ___ WI Jr Jersey ___

If Stalling with County Exhibit Please Identify County: _____

SHIRT SIZE (For Showmanship T-shirts if available): _____

Name of Parent(s)/Legal Guardian(s) for Fitting Wristband(s)

Name of Sibling(s) for Fitting Wristband(s)

Signature of Parent/Guardian

Signature of Exhibitor – I acknowledge I have read all rules, regulations and conditions as stated in the "Junior General Rules and Regulations" and "Youth Center Rules and Regulations" (if staying in the Youth Center) 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.

YOUTH CENTER (Optional)

The Youth Center is available for Junior Dairy Exhibitors on the following nights. Please check **all the nights** you are staying.

Tuesday, July 31 (Optional) @ \$25 = \$ _____

Wednesday, August 1 @ \$25 = \$ _____

Thursday, August 2 @ \$25 = \$ _____

Friday, August 3 @ \$25 = \$ _____

Saturday, August 4 @ \$25 = \$ _____

Total Youth Center Fees \$ _____

Check out: before noon Sunday, August 5

I do not intend to stay in the Youth Center

DO NOT FILL IN THIS SPACE

CHECK/MNY ORD #. _____ POSTMARKED _____

TICKETS _____

ENTERED BY _____ DATE _____

W-9: Y N REG. PAPERS: Y N POTENTIAL SUBS: Y N

TGT YC HEALTH: Y N N/A YQCA: Y N

PARKING

Blue Ribbon Parking: A free off-site Agriculture Exhibitor vehicle parking lot with easy access from I-94 is available. A free shuttle will be run continuously from noon, Tuesday, July 31st through the duration of the Fair. No trailers will be allowed to park in this lot.

Red Ribbon/General Parking: General Fair parking. Valid for one vehicle admission per day (no in and out privileges). Available only upon arrival at any vehicle access gate (except Gate 5). The Red Ribbon parking pass cannot be upgraded to White Ribbon or Platinum status once purchased. Parking is not guaranteed. \$12 per day/vehicle

Platinum Parking: Limited number of parking passes available **and only available for purchase online.**

White Ribbon Parking: General Fair parking with multiple in and out privileges per day. Available for \$18 per day/vehicle. Each date specific parking pass will be valid only on the date printed on it.

Date # of passes

Aug 2 _____ Aug 3 _____ Aug 4 _____ Aug 5 _____

Aug 6 _____ Aug 7 _____ Aug 8 _____ Aug 9 _____

Aug 10 _____ Aug 11 _____ Aug 12 _____

Total: _____ x 18 ea = _____

Offsite Trailer Parking: A Free Wisconsin State Fair off-site trailer parking lot will be available and assigned upon arrival. All trailers **MUST** be parked offsite.

Qty of Trailers: _____ Length of Trailers: _____

FEES & PAYMENT INFORMATION

All exhibitors must have valid admission to enter the Fair Park August 2-12, 2018. Admission fees do not include vehicle parking!

ADVANCE ADMISSION FEES (May 1 – June 30)

One-Day adult/youth admission ticket \$4 ea. X _____ = _____
(50 ticket limit per exhibitor) Children 5 and under are free

ADVANCE ADMISSION FEES (July 1 – August 1)

One-Day adult/youth admission ticket \$8 ea. X _____ = _____
(50 ticket limit per exhibitor) Children 5 and under are free

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.

ANIMAL FEES

Exhibitors may NOT enter more animals than the total allowed to show.

NO.		AMOUNT
_____	Dairy Cattle X	\$10 Ea. _____
_____	Late Fee* X	\$100 Ea. _____

*Late entries are \$100 plus original fees. Anything postmarked after June 6th is considered late and late fees apply. Anything entered online after 7 pm Central Time June 6th is considered late and late fees apply. Late entries are permitted until June 13th (postmarked or online).

TOTAL FEES

Admission Fees \$ _____
Animal Fees \$ _____
Youth Center Fees \$ _____
Parking Fees (p. 2) \$ _____

GRAND TOTAL FEES _____



Exhibitor Name _____
2018 JUNIOR DAIRY CATTLE REGISTRATION FORM

NOTE: Do NOT enter any champion or reserve champion classes

SHOWMANSHIP Division 10
 Class _____

IMPORTANT REMINDERS!

1) All Junior Dairy exhibitors may enter and show up to three animals, if, at minimum, one animal is a cow in production. (Examples: all 3 animals are cows in production, 2 cows in production and 1 heifer for a total of 3 animals or 1 cow in production and 2 heifers for a total of 3 animals). Exhibitors only showing heifers are limited to entering and showing 2 animals. Exhibitors may NOT enter more animals than the total allowed to show. **For every animal entered a potential substitute can be identified (within department) at the time of entry. All potential substitutes must be declared at the time of entry (June 6th).**

An exhibitor enters 1 animal...the exhibitor is able to identify 1 additional animal as a potential substitute.
 An exhibitor enters 2 animals...the exhibitor is able to identify 2 additional animals as potential substitutes.

2) **Animal Registration**

Owned: animals registered in the name of the Junior exhibitor only

Co-Owned: animals registered in the name of the Junior exhibitor and another person(s) or farm

Non-Owned: animals registered in the name of anyone other than the Junior exhibitor

Bred and Owned: The junior exhibitor's name must be currently listed on the registration certificate/paper as an owner or co-owner of the specific entry. The same exhibitor's name must also be listed as the original breeder or co-breeder on the registration certificate/paper.

3) A copy of the official breed registration paper must accompany entry forms. Entries submitted without a copy of the breed registration paper will be returned.

OFFICIAL ANIMAL ENTRY

Breed _____ Class Number _____ Date of Birth _____ ID/Ear Tag# _____

Name of Animal _____ Registration # _____

Name of Sire _____

Bred and Owned: Yes or No _____ Owned: Yes or No _____ Co-Owned: Yes or No _____ Non-Owned: Yes or No _____

OFFICIAL ANIMAL ENTRY

Breed _____ Class Number _____ Date of Birth _____ ID/Ear Tag# _____

Name of Animal _____ Registration # _____

Name of Sire _____

Bred and Owned: Yes or No _____ Owned: Yes or No _____ Co-Owned: Yes or No _____ Non-Owned: Yes or No _____

OFFICIAL ANIMAL ENTRY

Breed _____ Class Number _____ Date of Birth _____ ID/Ear Tag# _____

Name of Animal _____ Registration # _____

Name of Sire _____

Bred and Owned: Yes or No _____ Owned: Yes or No _____ Co-Owned: Yes or No _____ Non-Owned: Yes or No _____

POTENTIAL SUBSTITUTE ANIMAL #1

Breed _____ Date of Birth _____ ID/Ear Tag# _____

Name of Animal _____ Registration # _____

POTENTIAL SUBSTITUTE ANIMAL #2 (Only allowed if two official animal entries are made)

Breed _____ Date of Birth _____ ID/Ear Tag# _____

Name of Animal _____ Registration # _____

POTENTIAL SUBSTITUTE ANIMAL #3 (Only allowed if three official animal entries are made)

Breed _____ Date of Birth _____ ID/Ear Tag# _____

Name of Animal _____ Registration # _____



2018 JUNIOR DAIRY W-9 FORM



Form **W-9**
(rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Wisconsin State Fair is required to file an information return with the IRS and must have your correct tax ID number to report payments paid to you. Person/information listed on W-9 **MUST** match person/information on entry form. This information will be used for tax reporting purposes.
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. DO NOT send to the IRS.

1 Name (as shown on your income tax return; **MUST** match name listed on entry form). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification: check only one of the following seven boxes:
 Individual/Sole Proprietor C Corporation S Corporation Partnership Trust/estate
Single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____

Exemption from FATCA reporting
Code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no. of exhibitor on entry form)

Requester's name and address (optional)

6 City, state and ZIP code of exhibitor on entry form

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor or disregarded entity, see the instructions for Part I instructions on page 4 on www.irs.gov/FormW9. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 4 on www.irs.gov/FormW9.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* and the chart on page 4 for guidelines on whose number to enter.

Social security number

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(S.S.# **must** be of the above-named exhibitor - **NOT** a parent/family member) **OR**

Employer identification number

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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, on page 4 on www.irs.gov/FormW9.

Sign Here **Signature (exhibitor) on entry form whose TIN appears above of U.S. person ▶**

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting, page 2, for further information.

***Additional instructions for completing this form may be found at the official Internal Revenue website at: <http://www.irs.gov/FormW9>**

REQUIRED: Each Exhibitor must complete an IRS W-9 form and return it with entry. Entries will NOT be processed without a completed W-9.

WISCONSIN STATE FAIR

Presented By  U.S. Cellular

2018 Tommy G. Thompson Youth Center Junior Exhibitor Health Certificate

All Junior Exhibitors staying in the Youth Center must have a current Health Certificate (both pages) on file no later than July 13th. Health Certificates can be mailed with entries, uploaded with online entries or faxed to 414.266.7057 (Attn: Agriculture Department). All health certificates must be on file before the participant is allowed to check-in.

(Please Print NEATLY)

PARTICIPANT INFORMATION (Junior Exhibitor)

_____	_____	_____	
Last Name, First Name	County	Activity (i.e. Jr Dairy, Clothing, etc.)	
_____	_____	_____	_____
Address	City	Zip	List: Female Male
_____	_____	_____	_____
Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)	Date of Birth	Age

PARENT/GUARDIAN OF JUNIOR EXHIBITOR

_____	_____	_____
Last Name, First Name	Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)
_____	_____	_____
Address (if different from above)	City	Zip
In case of emergency and parent/guardian cannot be reached, please contact:		
_____	_____	_____
Emergency Contact	Primary Phone Number (Include Area Code)	Secondary Phone Number (Include Area Code)

HEALTH CARE INFORMATION

_____	_____
Name of Insurance Company	Policy Number
_____	_____
Primary Care Physician	Phone Number
_____	_____
Dentist	Phone Number

ADDITIONAL INFORMATION

For the protection of the health and welfare of all who stay in the Wisconsin State Fair Tommy G. Thompson Youth Center, it is necessary to obtain the information requested below. This information will only be accessed in the event of an emergency. If you are under the care of a family physician, his or her advice regarding your health protection should be stated and included.

1. Date of most recent Tetanus Shot (must be within last ten years): _____ (Month and Year)
2. Allergies: Please circle any allergies Insect Medication Food Other: _____
Please list allergen and potential reaction: _____
3. Is an EpiPen[®] required and carried? YES NO
Does this participant require an accommodation or have any limitations or restrictions (including diet)? YES NO
Please describe: _____
4. Is an inhaler required and carried? YES NO
5. Please list any additional health concerns: _____

Exhibitor Name: _____

MEDICATION INFORMATION

Participant is allowed to take the following over-the-counter medications while lodging in the Youth Center:

Acetaminophen (Tylenol) Aspirin Benadryl Ibuprofen None

Other: _____
Participant requires prescription medication while lodging in the Youth Center YES* NO

If yes, please complete the following information:

Name of Prescription Medication	Treatment Purpose	Dosage (i.e. mg, ml)	Time(s) of day administered	Side Effects	Prescribing Physician	Physician Phone Number

Please describe any special instructions or additional information regarding medication:

*For security and liability reasons all people staying in the Youth Center are encouraged to turn medications into the health room (2nd floor) during check-in. The health room will be supervised with 24 hour access. Youth Center staff are not responsible for the administration and oversight of the medication plan. Prescriptions must come in original packaging.

MEDICAL CONSENT (Junior Exhibitor & Exhibitor's Parents; *Adult Facilitators DO NOT need to sign this form*)

If your son/daughter or ward will be under the age of 18 years while lodging in the Youth Center, it is our policy to secure consent for all of the following. By signing below as parent/guardian,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I confirm I have read the "Youth Center Rules and Regulations" (located on wistatefair.com) and the youth can participate in planned activities.
- I am aware of and accept the risk inherent in the program activity.
- I attest all information on both sides of this form is correct.
- I agree to hold harmless and indemnify Wisconsin State Fair, their officers, agents and employees from any and all liability, loss, damages, costs or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward while lodging in the Youth Center.

Participant Signature Parent/Guardian Signature Date

To be completed by Youth Center Staff at check-in

Are there any changes to the participant's health status, medications or other related information since this form was completed?

Yes No

Please describe:
