



Dixie National Livestock Show

P.O. Box 892
 Jackson, MS 39205
 (601) 961-4000
 Fax: (601) 354-6545

www.dixienational.org

****PLEASE PRINT OR TYPE**

****ONLY ONE OWNER OR BREED PER FORM**

FORMS MAY BE DUPLICATED

Fees Must Accompany Entry

Entry Deadline – Jan 16th

Show Use Only
Exhibit # _____
Office Use Only
Date Paid _____
Check # or Cash _____
Amount Paid _____
Balance _____
Sheet # _____

Owner:	Exhibitor:
Name:	Name:
Phone:	Phone:
Address:	Address:
City, State, Zip	City, State, Zip
Social Security #:	Social Security #:
Fed. Tax I.D. #:	Fed. Tax I.D. #:
Assn. Membership #:	Assn. Membership #:

Pay Premiums To : <input type="checkbox"/> Owner <input type="checkbox"/> Exhibitor
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Entry Summary

(Make Check Payable to Dixie National)

BREED	NO. ENTERED	FEE	TOTAL
Angus		\$20/head	
Beefmaster		\$20/head	
Gray Brahman		\$20/head	
Red Brahman		\$20/head	
Brangus		\$20/head	
Gelbvieh		\$20/head	
Gelbvieh/Balancer		\$20/head	
Hereford		\$20/head	
Limousin		\$20/head	
Red Angus		\$20/head	
Santa Gertrudis		\$20/head	
Shorthorn		\$20/head	
Simbrah		\$20/head	
Simmental		\$20/head	
Boer Goat		\$10/head	

# Stalls Needed	TOTAL \$
Special Instructions	
Signature: _____	Date: _____

****TYPE ONLY**

Name: _____	Registration # _____
Breed: _____ Sex _____ Date of Birth _____	Tattoo/Brand Left Ear Right Ear
Sire: _____	Registration: _____
Dam: _____	Registration: _____
Group Classes: _____	
Goats: (Check One of the Following) <input type="checkbox"/> Percentage <input type="checkbox"/> Full Blood	

Name: _____	Registration # _____
Breed: _____ Sex _____ Date of Birth _____	Tattoo/Brand Left Ear Right Ear
Sire: _____	Registration: _____
Dam: _____	Registration: _____
Group Classes: _____	
Goats: (Check One of the Following) <input type="checkbox"/> Percentage <input type="checkbox"/> Full Blood	

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