



A SEPARATE ENTRY FROM MUST BE SUBMITTED FOR EACH PERSON/PREMIUM CHECK AND INFORMATION MUST BE ENTERED AS YOU WOULD LIKE THE PREMIUM CHECK MADE OUT HEALTH PAPERS AND REGISTRATION PAPERS MUST COME WITH THE ANIMALS

Dairy Cattle Entry Form (C) DELAWARE COUNTY FAIR, Walton, New York

NOTE: Read the rules and regulations section for the fair and rules and regulations for the department.

Send all entry forms to Superintendent Deb Merrill, 27294 State Hwy 206, Downsville, NY 13755, or e-mail to delcodairy@gmail.com by August 1, 2026. (Postmarked or Date Stamped) "I hereby authorize you to enter the following exhibits in my name to compete according to the rules and regulations outlined in the fair book online.

Cattle will not be allowed to enter the barns until Vets have cleared them.

Cattle will be checked in on Saturday, August 15 from 11 a.m. – 7 p.m., Sunday, August 16 from 8am – 6pm and Monday, August 17 from 9 am – 3 pm.

Name:	Stalling Requests:
Address:	Email:
Breeder Points to:	Exhibitor Points to:

Breed & Class	Milking Parlor & DOB	Animal Name <i>Information must be entered as it appears on the registration papers</i>
<u>Breed</u>	<u>Milking Parlor:</u> Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	<u>DOB:</u>	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	<u>Milking Parlor:</u> Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	<u>DOB:</u>	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	<u>Milking Parlor:</u> Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	<u>DOB:</u>	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	<u>Milking Parlor:</u> Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	<u>DOB:</u>	<u>Owner:</u>
		<u>Breeder:</u>

<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	OWNER:
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>

<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
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		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
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<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
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<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>
<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
<u>Class</u>	DOB:	<u>Owner:</u>
		<u>Breeder:</u>

<u>Breed</u>	Milking Parlor: Yes <input type="checkbox"/> / No <input type="checkbox"/>	<u>Name:</u>
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<u>Class</u>	<u>DOB:</u>	<u>Owner:</u> <u>Breeder:</u>
<u>Breed</u> <u>Class</u>	<u>Milking Parlor:</u> Yes <input type="checkbox"/> / No <input type="checkbox"/> <u>DOB:</u>	<u>Name:</u> <u>Owner:</u> <u>Breeder:</u>
<u>Breed</u> <u>Class</u>	<u>Milking Parlor:</u> Yes <input type="checkbox"/> / No <input type="checkbox"/> <u>DOB:</u>	<u>Name:</u> <u>Owner:</u> <u>Breeder:</u>
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