



**Goat Exhibit**  
Premium Book 2014  
**August 28th-September 1st**

Publications title and number:  
Goats Premium Book  
Issue Date:  
Statement of Frequency:  
Authorized Organization:  
Name and Address:

South Dakota State Fair 2014  
May 2014  
Published Annually  
South Dakota State Fair  
890 3<sup>rd</sup> Street SW  
Huron, SD 57350

# DEPARTMENT 800 Dairy Goats

ADGA Rules Shall Govern  
This is a Sanctioned Show

## JUNIOR DOE SHOW SENIOR DOE SHOW

The Junior and Senior Shows are Separately Sanctioned  
Competition Open to the World

**Superintendent:** Bob Kramer - Lennox, SD  
Email: bobkram12@gmail.com

**Judges:** A. K. Ziggy Ginest, Cody WY

### JUDGING SCHEDULE (Subject to Change)

Saturday, August 30  
Dairy Goat Show 8:00 AM

### PLEASE NOTE: EXHIBITORS WILL NEED TO ENTER THE FAIRGROUNDS ON THE EAST SIDE USING GATE 4.

This show is sanctioned for the following order Jr Does 1<sup>st</sup> followed by Sr Does. Starting with Lamancha 1<sup>st</sup>, Saanen 2<sup>nd</sup>, Recorded Grades 3<sup>rd</sup>, Oberhasli 4<sup>th</sup>, Toggenburg 5<sup>th</sup> Alpine 6<sup>th</sup>, Nubian 7<sup>th</sup>, Nigerian 8<sup>th</sup> and Sable 9<sup>th</sup>. (The order of the show is subject to change.)

**Early release is only allowed if going to another show and if a copy of the other shows entry form is sent along with your SD State Fair entry form. If this is not provided, early release will not be allowed.**

### Tack Pens Will Be Limited!!

#### RULES

- ENTRY CLOSING DATE!!!: August 7th,** LATE ENTRIES WILL BE ACCEPTED IF ALL THE FOLLOWING CONDITIONS ARE MET:
  - ADEQUATE EXHIBIT SPACE IS AVAILABLE.
  - LATE ENTRIES MUST BE RECEIVED BY 5:00 P.M. FIVE (5) DAYS PRIOR TO FAIR START DATE.**
  - THE FEES FOR LATE ENTRIES SHALL BE DOUBLE THE TOTAL REGULAR ENTRY FEE.**
  - ENTRY FEES FOR LATE ENTRIES SHALL BE PAID BY BANK DRAFT, CERTIFIED CHECK, MONEY ORDER OR BANK CREDIT CARD (VISA, MASTERCARD OR DISCOVER CARD) ENTRIES DO NOT MAIL CASH.

The name of the exhibitor as printed on entry blank and fee sheet must correspond and be the same name as on breed registration papers and must correspond with SSN or tax ID number and ADGA ID number.

#### REFUND POLICY (see administrative rule 12:02:08:13)

The fair may refund entry fees paid by an exhibitor if the exhibitor requests the refund in writing at least two weeks before the opening day of the fair and states the reason for requesting the refund.

- Goat exhibitors shall furnish their own milk cans.
- Exhibitors may bring their stock in Wednesday, August 27th at 12:00 noon. Must be in place by Thursday, August 28th at 7:00 AM.

4. All suggestions or complaints concerning the Dairy Goat Department must be brought to the attention of the Dairy Goat Superintendent.

5. No Bucks, wethers or horned goats will be shown, and no scurs can be longer than 1 inch in length.

6. No Class has Does older than 24 months and not in milk. Does in milk means any doe that has ever freshened even if she is presently dry.

7. The base date for determining the age will be Sept. 1, 2014

8. The original registration certificate is required for all animals 6 months of age or older and this **MUST** be shown to the Show Secretary before the start of the show. The original registration certificate or duplicate application stamped by the ADGA office is required for all animals under 6 months of age and this **MUST** be shown to the Show Secretary before the start of the show. A registration certificate may be required for animals of any age if the Show so chooses. No copies of the registration certificate or the stamped duplicate application. No telegrams or phone calls will be accepted in lieu of the original certificate.

9. The South Dakota State Fair Commission has adopted and the IAFE National Code of show Ring Ethics. A copy of this code can be obtained by contacting either the State fair Office or the building superintendent.

#### HEALTH REGULATIONS

All dairy goats originating from outside the State of South Dakota must have a telephone permit number on the Certificate of Veterinary Inspection. Goats that originate from a tuberculosis accredited-free state or zone may enter the exhibition without a Tuberculosis Test. Goats originating from areas other than a tuberculosis accredited-free state or zone need to contact the South Dakota Animal Industry Board at (605) 773-3321 for current test requirements.

All dairy goats must be accompanied by a Certificate of Veterinary Inspection listing Individual animal identification issued by a licensed and accredited Veterinarian within 30 days of animal entry at the exhibition.

#### INTERSTATE & INTRASTATE IDENTIFICATION REQUIREMENT:

All goats exhibited at a show/sale must have official USDA premises of origin tags (scrapie tags) or official USDA metal ID tags or registration tattoo in the animal's ear and listed on the Certificate of Veterinary Inspection. Goats that do not comply will be denied entrance to the show/sale.

#### GENERAL RULES

- The South Dakota Animal Industry Board will collect Certificate of Veterinary Inspection, certificates for each animal is required. The inspector will retain the Certificate of Veterinary Inspection. If the Certificate of Veterinary Inspection is not in your possession the animal will not be allowed to be shown.
- Any question regarding health of an animal will be based on the animal's condition as it is presented to the show/sale Veterinarian. This determination is at the discretion of the State Veterinarian or the official representative.
- Goats must be free of external parasites, ringworm, warts, and abscesses.
- The South Dakota Animal Industry Board reserves the right to secure blood samples from any or all dairy goats exhibited for the purpose of applying the agglutination test for brucellosis at any time that the animal is on the fairgrounds.
- All animals entered at the exhibition shall be "Free from evidence of all contagious diseases such as ringworm, pinkeye, lump jaw, abscesses, and warts. If warts have been removed surgically the scars must be healed by the time of the exhibition."
- These statements must appear on Certificate of Veterinary Inspection:
  - "These animals are free from infectious, contagious diseases."
  - "All animals are from non-quarantined flocks."

### CASH PREMIUM SCHEDULE

Prize money in each goat Class will be paid on the following scale:

1<sup>st</sup> - \$23 2<sup>nd</sup> - \$21 3<sup>rd</sup> - \$20 4<sup>th</sup> - \$16 5<sup>th</sup> - \$15

**WE WILL NOT PAY FOR MORE THAN 2 PLACINGS PER DIVISION PER EXHIBITOR.**

### STATE SPECIALS

Competition Open to residents of South Dakota.  
All goats must be owned and kept in South Dakota

1<sup>st</sup> - \$27 2<sup>nd</sup> - \$23 3<sup>rd</sup> - \$21 4<sup>th</sup> - \$20 5<sup>th</sup> - \$16

THANK YOU TO THESE SPONSORS:



### STATE SPECIALS

1. Junior Doe
2. Junior Doe
3. Junior Doe
4. Junior Doe
5. Junior Doe
6. Junior Doe
10. Senior Doe
11. Senior Doe
12. Senior Doe
13. Senior Doe
14. Champion Challenge

### DAIRY GOAT SHOW OPEN CLASSES

The following Breeds of Goats may exhibit:

<b>Division 1</b>	Alpine
<b>Division 2</b>	LaMancha
<b>Division 3</b>	Nubian
<b>Division 4</b>	Oberhasli
<b>Division 5</b>	Saanen
<b>Division 6</b>	Toggenburg
<b>Division 7</b>	Recorded
<b>Division 8</b>	Nigerian
<b>Division 9</b>	Sable

When making entries, please designate each Division entry with your Class. Division Classes will be as follows:

\*\*Classes 7, 8, 9, 15, 16, 17 - DO NOT enter. Champions will be selected by the judge during the show\*\*

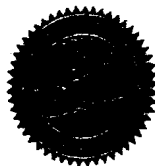
### CLASS:

1. JUNIOR DOE - Birth and under 5/1, of current year
2. JUNIOR DOE - Born 4/1 - 4/30, of current year
3. JUNIOR DOE - Born 3/1 - 3/31, of current year
4. JUNIOR DOE - Born 2/1 - 2/28, of current year
5. JUNIOR DOE - Born 9/2/03- 1/31, of current year
6. JUNIOR DOE - 12 months and under 24 months never to have freshened
7. Junior Champion Doe
8. Reserve Junior Champion Doe
9. Best Junior Doe in Show
10. SENIOR DOE - 2 years and under in milk
11. SENIOR DOE - 2 years and under 3 years
12. SENIOR DOE - 3 years and under 5 years
13. SENIOR DOE - 5 years and over
14. Champion Challenge
15. Senior Champion Doe
16. Reserve Senior Champion Doe
17. Best Senior Doe in Show



First National Bank South Dakota





# Substitute **W-9**

**DO NOT send to IRS**

## Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

<b>Legal Name</b> (as entered with IRS) If Sole Proprietorship enter your Last, First MI
<b>Trade Name</b> If doing business as (DBA) or enter business name of Sole Proprietorship
<b>Remit Address</b> (where check should be mailed) PO Box or Number and Street, City, State, ZIP + 4
<b>Order Address</b> (where order should be mailed) PO Box or number and street, City, State, ZIP + 4
<b>Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, AND 2. I am not subject to back up 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 back up 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. 3. I am a U.S. person (including a US resident alien).

<b>Entity Designation</b> (check only one) <u>Required</u> <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities
<b>Taxpayer Identification Number (TIN)</b> If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.
-----
<b>Check Only One</b> <u>Required</u> <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Printed Name	Printed Title	Telephone Number ( )
Signature		Date (mm/dd/ccyy)

Your Bank Account Number	Bank Routing Number (9-digit ABA #)	Name of Bank
--------------------------	-------------------------------------	--------------

THIS IS A:  
 new direct deposit    change of existing    additional direct deposit    email change only

Optional e-mail address (Please make this LEGIBLE)

If you provide an email address you will be sent electronic notification when a payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at <http://www.state.sd.us/bfm/vendor>. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your payments to you.

# **FORM MUST BE RETURNED WITH ENTRY FORM**

## **WAIVER OF LIABILITY, IDENTIFICATION AND MEDICAL RELEASE**

*For use by adults during special events and activities*

I am aware of the dangers involved in participating in \_\_\_\_\_  
at the South Dakota State Fair in Open Class Competition.

On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby:

- a. waive, release and discharge the South Dakota State Fair, the State of South Dakota and its officers, agents and employees from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate; and
- b. Identify and hold harmless the South Dakota State Fair, the State of South Dakota, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during the activity or event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, acknowledge that I have read and understand the above release.

---

Name

---

Signature

---

Date

# **FORM MUST BE RETURNED WITH ENTRY FORM**

## **PARENT'S OR GUARDIAN'S AGREEMENT OF WAIVER OF LIABILITY, IDENTIFICATION AND MEDICAL RELEASE**

*For use by participants under 18 years of age during special events and activities*

Name of Event: \_\_\_\_\_

The said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heir, next of kin, successors, and assigns to:

- c. waive, release and discharge the South Dakota State Fair, the State of South Dakota and its officers, agents and employees from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate; and
- d. Identify and hold harmless the South Dakota State Fair, the State of South Dakota, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during the activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned acknowledge that I have read and understand the above release.

---

Name of Minor

Age

---

Name of Parent or Guardian

---

Signature

Date