



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

Office Use Only

Exhibitor# _____

Date Paid _____

Check# or Cash _____

Amount Paid _____

Balance _____

Sheet # _____

ONLY ONE OWNER OR BREED PER FORM

Fees Must Accompany Entry - Make Check out to Dixie National

Entry Deadline – January 24, 2020

Owner:	Exhibitor:
Show As:	
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	

BREED	NO. ENTERED	FEE	TOTAL
Angus		\$25/head	
Braford		\$25/head	
Charolais		\$25/head	
Gray Brahman		\$25/head	
Red Brahman		\$25/head	
Brangus		\$25/head	
Gelbvieh		\$25/head	
Balancer		\$25/head	
Hereford		\$25/head	
Limousin		\$25/head	
Red Angus		\$25/head	
Santa Gertrudis		\$25/head	
S G/Star 5		\$25/head	
Shorthorn		\$25/head	
Shorthorn Plus		\$25/head	
Simbrah		\$25/head	
Fullblood Simmental		\$25/head	
Percentage Simmental		\$25/head	
Purebred Simmental		\$25/head	
Boer Goat		\$10/head	
Number of Stalls Needed:		TOTAL \$:	
Special Instructions			
Signature:	Date:		

Please print or type.

DIXIE NATIONAL LIVESTOCK SHOW

Name _____

Registration # _____

Breed _____ D.O.B. _____

Sex _____ Tattoo/Brand Left Ear Right Ear

Sire _____

Registration # _____

Dam _____

Registration # _____

Group Classes _____

Goats Full Blood Percentage

Brahman Gray Red

.....
Name _____

Registration # _____

Breed _____ D.O.B. _____

Sex _____ Tattoo/Brand Left Ear Right Ear

Sire _____

Registration # _____

Dam _____

Registration # _____

Group Classes _____

Goats Full Blood Percentage

Brahman Gray Red

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Breed _____ D.O.B. _____

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Brahman Gray Red