

2008 NJSA Eastern Regional Entry Form

Due: Aug. 29, 2008

Purebred entries: \$25/head

Late fee: \$50/entry

Complete an entry form for each participant. Photocopies are acceptable. All information must be completed and proper fees submitted before an entry will be processed. Entry forms must be postmarked by **Aug. 29, 2008**. No metered mail accepted. **Exhibitors may enter up to two gilts.** Exhibitors **MUST** bring registration papers to check-in. Ear notches are not needed as substitutions are allowed. For more information, contact the NJSA at 765.463.3594 or e-mail katey@nationalswine.com.

PARTICIPANT INFORMATION (One registration form per junior member)

Name: _____ Birth date: _____ T-shirt size: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ E-mail: _____

GILT ENTRIES

(Limit two per exhibitor)

	Entry 1	Entry 2
Duroc	_____	_____
Hampshire	_____	_____
Landrace	_____	_____
Yorkshire	_____	_____

Parents: Would you like to help out at the show and be a part of PIGS (People in Great Support)? Please check yes or no. If yes, please mail your contact information along with this entry form.

Yes No

CONTEST ENTRIES

Place an X beside the contest(s) you will participate in.

Showmanship _____
 (Entries accepted until 4 p.m., Friday, Oct. 3)

Skillathon _____
 (Entries accepted until 10 a.m., Saturday, Oct. 4)

To be completed by parent or legal guardian

I, the undersigned parent or legal guardian of the minor listed above, do hereby authorize any X-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the state and hospital service that may be rendered to said minor under the general, specific or special consent of:

 (name of adult person who is temporary custodian of minor)

the temporary custodian of the minor(s); whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the state, I authorize the physician or dentist to call in any necessary consultant at his discretion. I further authorize said physician or dentist to exercise his discretion in authorizing the disposal of any severed tissue or member. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the temporary custodian of the minor(s), and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical or dental treatment. List known allergies of minor:

 This consent shall remain effective until midnight on Oct. 4, 2008, unless sooner resolved in writing, delivered to said physician or dentist, or said person instructed with the custody, care and control of said minor child or children.

 (signature of parent or legal guardian)

In case of emergency, please contact:

Name: _____

Relationship: _____

Phone Number: _____

ENTRY FEES

Purebred entries (# of entries x \$25) _____

Pen fee (\$14) _____

(if not entered in KILE open show)

Late entries (# of entries x \$50) _____

(late entries may not be accepted due to space allotments)

Participation fee (\$5) _____

(paid only if exhibitor does NOT have a gilt entry)

TOTAL FEES _____

Payment options (no refunds):

1. Make checks payable to NSR.
2. Credit Card (circle kind):

VISA



Card #: _____

Exp. date: _____

Security code (on back of card): _____

Name on card: _____

Signature: _____

Mail entries to:

NJSA, P.O. Box 2417,
 West Lafayette, IN 47996-2417

LIABILITY RELEASE

The NSR, the NJSA and the NSR members and staff shall not be held liable for any accidents that should occur during the 2008 NJSA Eastern Regional held in Harrisburg, Pa.:

 signature of legal guardian or participant (if 18 or older as of Jan. 1, 2008)