

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SOLANCO FAIR  
DAIRY ENTRY FORM**  
Return to:  
Mrs. Cindy Bollinger  
107 Center Road  
Quarryville, PA 17566  
Phone: 786-3963

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Current Owner : \_\_\_\_\_ Breed : \_\_\_\_\_  
Animal's Name : \_\_\_\_\_ Reg. # : \_\_\_\_\_  
Birth Date : \_\_\_\_\_ Class : \_\_\_\_\_  
Sire : \_\_\_\_\_ Dam : \_\_\_\_\_  
Breeder : \_\_\_\_\_ Ear Tag/Tattoo # : \_\_\_\_\_  
Division Entered :(circle one)    Open            4-H            FFA            Dept.11 (Jr. Open)

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